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AUTHOR Heimericks, Belinda K. Bess
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ABSTRACT

Intended for use in training developmental trainees working in mental retardation/developmental disabilities (MR/DD) facilities, this course is designed to teach skills in implementing habilitation plans. Introductory materials include the course's organizational structure (objectives, educational program), special notes to the instructor on curriculum implementation, a list of sources of audiovisual resources, a bibliography, basic paraprofessional training instructional analysis, and a master list of unit lesson plans. Topics covered in the units are roles and responsibilities, interpersonal relationships, health care, growth and development, understanding MR/DD, and the habilitation process. Within each unit are 4 to 34 lessons. Each lesson may contain some or all of the following: scope of the unit; lesson objectives; a list of supplementary teaching/learning items; informational assignment (student); a listing of references (instructor's additional information); introduction to the lesson; lesson outline; handouts; interaction (review) items; classroom, laboratory, shop, or other activities; and answers to evaluation items. Other contents include the pretest and posttest key, form for student evaluation of the basic paraprofessional course and its instructor(s), and a competency profile. (YLB)

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BASIC PARAPROFESSIONAL TRAINING

Instructor's Guide

Belinda K. Bess Heimericks, R.N., B.S.N., M.S.N. Candidate

Produced by the Instructional Materials Laboratory
University of Missouri-Columbia
Columbia, Missouri

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FOREWORD

This publication is intended to be used as a training course for developmental trainees working in MR/DD facilities.

It is imperative that the trainees have a working knowledge and understanding of the basic developmental needs of the resident s/he serves. This course has been designed to present basic interventions and techniques which will enable the trainees to assist the resident in achieving their greatest level of independent functioning.

Appreciation is expressed to an excellent committee and the many individuals who helped in the development of this publication. A special thanks is extended to Gary Stewart for the leadership and guidance he has given throughout this endeavor, and E. June Meyer for the information used from the Nurse Assistant in a Long-Term Care Facility.

ACKNOWLEDGMENTS

ADVISORY COMMITTEE MEMBERS:

Delores Brown	Training Technician Rolla Regional Center
Janet Freese	Staff Development Officer St. Louis Developmental Disabilities Treatment Center
Connie Hayden	Training Technician Hannibal Regional Center
Martin Lake	Staff Development Officer Bellefontaine Habilitation Center
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Director
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Supervisor
Health Occupations Education

CONSULTANTS FOR CURRICULUM DESIGN:

F. Milton Miller, Ed. D.

Professor, Coordinator
Industrial Education
University of Missouri-Columbia

Franklin J. King, Ed. D.

Professor
Industrial Education
University of Missouri-Columbia

INSTRUCTIONAL MATERIALS LABORATORY STAFF:

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Phyllis Miller

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Word Processor II

BASIC PARAPROFESSIONAL TRAINING

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ORGANIZATIONAL STRUCTURE

I. INTRODUCTION

The purpose of the Basic Paraprofessional Training is to prepare trainees to participate as a member of the interdisciplinary team. The course is designed to teach skills in implementing habilitation plans.

II. STATEMENT OF PHILOSOPHY

It is the right of every individual to receive optimum habilitation programs delivered by trained personnel. Federal and State Laws and Regulations are adopted to insure quality care to residents of MR/DD facilities. The Developmental Trainee acquires knowledge and skills through a prescribed educational program. The resident's welfare is the responsibility of the trainee as well as the other members of the interdisciplinary team.

III. OBJECTIVES

Upon completion of this course, the Developmental Trainee will be able to:

- A. Develop appropriate work habits and interpersonal skills.
- B. Recognize the Developmental Trainee's role as it fits into the organizational structure of an MR/DD facility.
- C. Identify responsibilities of the Developmental Trainee to the resident and the interdisciplinary habilitation team.
- D. Demonstrate beginning skills in communication and observation.
- E. Demonstrate knowledge of the legal rights of residents and the responsibility of staff members in protecting these rights.
- F. Recognize the importance of good public and community relations.
- G. Demonstrate basic skills and techniques in performing basic nursing procedures and first aid measures.
- H. Demonstrate knowledge of the stages of physical and psychological development from birth until death.
- I. Demonstrate basic skill in recognizing the needs of an individual as his/her physical and psychological development may deviate from the normal.
- J. Demonstrate basic knowledge of the principal methods used to deal with behavior.
- K. Demonstrate basic knowledge of behavior modification principles and their therapeutic use.
- L. Demonstrate beginning skills in implementing and evaluating the effects of habilitation programs.

IV. STUDENT QUALIFICATIONS

Capable of meeting employment criteria outlined by the Missouri Department of Mental Health and the Missouri Division of Personnel.

V. EDUCATIONAL PROGRAM

- A. Employees may test out of the competencies already mastered by passing unit exams and return demonstrations.
- B. The basic program consists of a minimum of 86 hours of classroom-laboratory instruction. Evaluations include a minimum of six written examinations based on the course objectives.
- C. Each participant will have clinical training and practice under the supervision of a clinical instructor from the Staff Development Department or qualified designee. The instructor shall provide documentation of completion of the clinical practice prior to the issuance of a certificate.
- D. Testing:
 - 1. Minimum of six written tests throughout the course. An average score of 75% in each unit is required.
 - 2. A pre/post test will be given as one means of evaluating the training program. The results will not affect the trainee's final grade.
- E. Curriculum Guides and References
 - 1. The curriculum with lesson plans will be available after July 1, 1984 from: Instructional Materials Laboratory, Room 10, Industrial Education Building, University of Missouri-Columbia, Columbia, MO 65211. This includes an instructor and a student guide.
 - 2. Although this is a basic core curriculum which cannot be deleted from, additional lessons may be added according to facility needs.
 - 3. It is recommended that the instructors purchase the following reference books:
 - a. "Children With Handicaps" by Mark Batshaw and Yvonne M. Perret, from Paul H. Brookes Publishing Co., Baltimore, MD., 1981.
 - b. "Behavior Modification" by James Walker and Thomas Shea, from C.V. Mosby Co., St. Louis, MO., 1980.
- F. Evaluations of the program will be requested from the trainees.
- G. A certificate of completion will be issued by the instructing facility. This certificate will enable the graduate to transfer to other MR/DD facilities and receive an orientation to that facility without repeating the complete course.

- H. The time taken for return demonstrations on procedures shall be counted as part of the clinical training. The amount of time listed on the Master List is the approximate amount of time it will take the instructor to present the lesson.

VI. TRAINING FACILITIES

MR/DD facilities which have classroom and practice laboratory.

VII. FACULTY QUALIFICATIONS

Instructor

- A. Capable of meeting employment criteria outlined by the Missouri Department of Mental Health.
- B. Instructors teaching through public education centers shall hold valid vocational teaching certificates.
- C. Employed by facility where experience is performed or a cooperating public education agency offering vocation education programs.

SPECIAL NOTES TO THE INSTRUCTOR

(Curriculum Implementation)

- A. This training program may be conducted in the MR/DD facility or in cooperation with public education agencies.
- B. The suggested time schedule on the Master List (gold pages) may be altered in order to meet the learning abilities of the trainees.
- C. Lesson Plan 16 - Body Systems should be treated as an overview.
- D. Evaluation or Checklist in Demonstration Lessons
 - 1. The trainee must achieve a score of 100% on the performance of the procedure for passing.
 - 2. The trainee must pass all procedures as well as receive a satisfactory score on the personal/professional competencies.
 - 3. The individual supervising the demonstrations (procedures) signs the evaluation sheet.
 - 4. Follow your facility's guidelines when a trainee has a handicap which prevents him/her from performing a procedure.
 - 5. The unit examinations shall be written based on unit objectives to meet the needs of the individual facilities. Sample evaluation items can be found.
 - 6. A minimum score of 75% is required for passing unit examinations.
 - 7. Trainees who fail the written examination, will have the opportunity to retake the examination one time.
 - 8. Final records include the competency and unit examination scores. These are to be kept on file for inspection/transcript purposes.
 - 9. Activities and Handouts
 - a. Activities are suggested and may be revised or omitted as deemed necessary by the individual facilities.
 - b. Activities and/or handouts can be presented in the lesson where the instructor believes they are most appropriate. An appropriate place has been noted on some lessons where it says "See Activity #" and/or "See Handout #".
- E. Lesson #34, Basic First Aid can be deleted if the facility is teaching the Red Cross Multi-media Course or Red Cross Basic First Aid Course.
- F. The Red Cross or American Heart Association C.P.R. Course is to be a part of the Basic Paraprofessional Training Program.

- G. Instructors will be expected to develop their own unit tests based on questions selected from evaluations at the end of each lesson.
- H. The following lessons are optional. The decision to include them in the training program will be made by the individual facilities.
 - I. Optional Lessons
 - a. Unit II: Interpersonal Relationships
 - #5: Understanding How Culture Affects Behavior
 - b. Unit III: Health Care
 - #14: Give/assist with bed bath
 - #15: Give back rub
 - #16: Give/assist with perineal care
 - #22: Make an occupied bed
 - #28: Give and remove bedpan/urinal
 - #29: Apply Attends brief
 - c. Red Cross First Aid Course (lessons not included in this curriculum)
 - 2. Lessons other than those identified as optional, may not be deleted from the curriculum.
- I. The term "client" can be used interchangeably with the term "resident" which is the term that has been used throughout this guide.
- J. The DMH Code Numbers assigned to each lesson are a computerized referencing system applicable only to the Missouri Department of Mental Health.

AUDIO-VISUAL RESOURCES

1. Ayerst Labs.
685 3rd Ave.
New York, New York 10017
2. Bellefontaine Habilitation Center
10695 Bellefontaine Rd.
St. Louis, MO 63137
3. Concept Media
5024 Lankerskim Blvd.
No. Hollywood, CA 91601
714-833-3347
4. Dairy Council
1700 North Sooner Rd.
Oklahoma City, OK 73111
5. Film and Literature Library
Missouri Division of Health
P.O. Box 570
Broadway State Office Building
Jefferson City, MO 65102
6. Hallmark Films & Recordings, Inc.
1511 East N. Avenue
Baltimore, MD 21213
7. Hannibal Regional Center
805 Clinic Rd.
Hannibal, MO 63401
8. Nevada Habilitation Center
Nevada, MO 64772
9. Rolla Regional Center
105 Fairgrounds Rd.
Rolla, MO 65401
10. St. Louis Developmental Disabilities Treatment Center (SLDDTC)
5400 Arsenal St.
St. Louis, MO 63139
11. Stanfield Film Associates
P.O. Box 1983
Santa Monica, CA 90406
12. Trainex Corporation
P.O. Box 116
Garden Grove, CA 92642
800-854-2485 (Toll free)

13. University Affiliated Facility (UAF)
UMKC Institute for Community Studies
1020 E. 63rd St.
Kansas City, MO 64110
14. U.S. Army Films Services
Director of the Armed Forces Institute of Pathology
Walter Reed Army Medical Center
6825 16th N.W.
Washington, D.C. 20025

BIBLIOGRAPHY

- Baker, B.L., Brightman, A.J., Heifetz, L.J., and Murphy, D.M. Behavior Problems. Champaign, IL: Research Press.
- Batshaw, M.L. and Perret, Y. Children with Handicaps. Baltimore, MD: Paul H. Brookes Publishing Co., 1981.
- Becker, Betty Glore, and Fendler, Delores. Vocational and Personal Adjustments in Practical Nursing. 3rd ed. St. Louis: C.V. Mosby Co., 1978.
- Bellamy, G.T., Clark, G.M., Harne - Nietupski, S., and Williams, W. "Habilitation." Education and Training of the Mentally Retarded, Dec., 1977, pp 364-372.
- Bolton, Robert. People Skills. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1979.
- Brentlinger, Clara. Nurse Assistant. Stillwater, OK: Curriculum and Instructional Materials Center for the Division of Health Occupations Education, 1971.
- Brooks, Lucy. The Nurse Assistant. Albany, NY: Delmar Publishers, 1978.
- Brunner, L. and Suddarth, D. The Lippincott Manual of Nursing Practice. 3rd ed. Philadelphia: J.B. Lippincott Co., 1982.
- Carkhuff, R.R. and Anthony, W.A. The Skills of Helping. Amherst, MA: Human Resource Development Press, Inc., 1979.
- Carter, C. Medical Aspects of Mental Retardation. Springfield, IL: Charles C. Thomas Publishers, 1965.
- Conahan, Judith. Helping Your Elderly Patients: A Guide for Nursing Assistants. New York: The Tiresias Press Inc., 1976.
- Curriculum and Instructional Materials Center. Stillwater, OK: Health Occupations Education Nursing I.
- Diekelman, Nancy L. and Broadwell, Martin M. The New Hospital Supervisor. Reading, MA: Addison - Wesley Publishing Co., 1977.
- Dinkmeyer, D. and McKay, G.D. Raising a Responsible Child. NY: Simon & Schuster Publishers, 1973.
- Erikson, Erik. Childhood and Society. 2nd ed. New York: W.W. Norton and Co., Inc., 1963.
- Gordon, S., "Coming to Terms With Your Own Sexuality First." Journal of School Health, May, 1979.
- Gurney, Elizabeth, and Hindes, Tom. Nursing Procedures for the Practical Nurse. Columbus, OH: Ohio Trade and Industrial Education Service, Division of Vocational Education State Department of Education, 1965.

- Haber, Judith, Leach, A., Schudy, S., and Sideleau, B. Comprehensive Psychiatric Nursing. St. Louis: McGraw-Hill Book Co., 1978.
- Hall R.V. Managing Behavior: Behavior Modification: Applications in School and Home. Lawrence, KS: H & H Enterprises, 1971.
- Hanebuth, Lorna S., Ehrhart, Mary K., and Peltzer, John T. Nursing Assistant and the Long Term Health Care Facility. Scranton, PA: Harper and Row Co., 1979.
- Hays, Joyce Samhammer and Larson, Kenneth. Interacting With Patients. NY: The Macmillan Company, 1963.
- Hospital Research and Educational Trust. Being A Nursing Aide. 2nd ed. Bowie, MD: Robert Brady Co., 1978.
- Kempton, W. and Forman, R. Guidelines for Training in Sexuality and the Mentally Handicapped. Philadelphia: Planned Parenthood Association of Southeastern Pennsylvania, 1976.
- Kempton, W. Sex Education for Persons with Disabilities that Hinder Learning: A Teacher's Guide. Philadelphia: Planned Parenthood of Southeastern Pennsylvania.
- King, Eunice M., Wieck, Judith, and Dyer, Marilyn. Illustrated Manual of Nursing Techniques. Philadelphia: J.B. Lippincott Co., 1977.
- Knoedler, Evelyn L. Manual for the Nurse's Aide. Albany, NY: Delmar Publishers, 1968.
- Lewis, Lu Verne Wolff. Fundamental Skills in Patient Care. Philadelphia: J.B. Lippincott Co., 1976.
- Lukenbill, R., Littie, B., Sanddal, N., Hulme, J., Calkins, C., and McKibbens, M. Respite Care Training Manual. Kansas City, MO: University of Missouri-Kansas City-University Affiliated Facility.
- MacKenzie, Beverly A. Nursing Home Progress Notes. Madison, WI: MacKenzie Co., 1978. Box 5567, Madison, WI 53705.
- Mayes, Mary E. Nurse's Aide Study Manual. 3rd ed. Philadelphia: W.B. Saunders Co., 1976.
- Memmler, Ruth L., and Wood, Dena L. Structure and Function of the Human Body. 2nd ed. Philadelphia: J.B. Lippincott Co., 1977.
- Memmler, Ruth L., and Wood, Dena L. The Human Body and Disease. 4th ed. Philadelphia: J.B. Lippincott Co., 1977.
- Missouri Dietetic Association and Missouri Division of Health. Missouri Diet Manual. 5th ed., 1991.
- Missouri Special Education Services: Regulations, Standards, and Procedural Guidelines. Missouri Department of Elementary and Secondary Education, 1977.

- Morris, R.J. Behavior Modification with Children. Cambridge, MA: Winthrop Publishers, Inc., 1976.
- Panyan, M. How to Use Shaping. Lawrence, KS: H & H Enterprises, Inc., 1980.
- Pasquali, E.A., et.al. Mental Health Nursing: A Bio-Psycho-Cultural Approach. St. Louis, MO: C.V. Mosby Co., 1981.
- Payne, J. Kauffman, J., Patton, J., Brown, G., and DeMatt, R. Exceptional Children in Focus. 2nd ed. Columbus: Charles E. Merrill Publishing Co., 1979.
- Perske, Robert. Hope for the Families. Nashville, TN: Abingdon Press, 1981.
- Perske, Robert. New Directions for Parents of Persons Who are Retarded. Nashville, TN: Abingdon Press, 1978.
- Public Health Service. Up and Around. Washington, D.C.: U.S. Government Printing Office, 1964.
- Reese, Dorothy Erickson. How To Be A Nurse's Aide In A Nursing Home. Washington, D.C.: American Health Care Association, 1976.
- Saxon, Sue, and Etten, Mary Jean. Physical Change and Aging. New York: The Tiresias Press Inc., 1978.
- Schneidman, Rose and Lambert, Susan. Being a Nursing Aide. 2nd ed. Bowie, MD: Robert Brady Co., 1978.
- Schulman, Eveline D. Intervention in Human Services. 2nd ed. St. Louis: C.V. Mosby Co., 1978.
- Sister Kenny Institute. Sister Kenny Rehabilitation Books. Minneapolis, MN: Sister Elizabeth Kenny Foundation, Inc., 1979. Department of Education, Chicago Avenue at 27th St., Minneapolis, MN. 55407.
- Stevens, Marion Keith. Geriatric Nursing for Practical Nurses. 2nd ed. Philadelphia: W.B. Saunders Co., 1975.
- Sulzer-Azaroff, B. and Mayer, R. Applying Behavior - Analysis Procedures With Children and Youth. N.Y.: Holt, Rinehart & Winston, 1977.
- Thurman, R.L., Bassin, J., and Ackermann, T. "Sexuality, Sex Education and the Mentally Retarded: One Education Approach." Mental Retardation, February, 1976, p. 19.
- "Toward A Psychology of Being Sexually Very Healthy." James Brown Associates, 302 W. 15th Street, Suite 200, Austin, Texas, 78701.
- Trudeau, Linda and Jarrow, J. "Helping Relationship," Education Unlimited. September - October, 1980, p. 28-31.
- Walker, J.E. and Shea, T.M. Behavior Modification and A Practical Approach for Educators. 2nd ed. St. Louis: C.V. Mosby Co., 1980.

Wallace, Bob, ed. North Dakota Health Occupations Curriculum. Bismarck, ND: North Dakota State Board of Vocational Education, 1978.

Wood, Lucile. Nursing Skills for Allied Health. Philadelphia: W.B. Saunders Co., 1972.

Basic Paraprofessional Training Instructional Analysis

Demonstration	Information
Roles and Responsibilities	
	1. Becoming a developmental trainee (DMH Code #20101) 2. Legal and ethical responsibilities (DMH Code #51101) 3. Role of the DA in the admission of the resident (DMH Code #51102) 4. The IHP process (DMH Code #62101)
Interpersonal Relationships	
	1. Communication techniques (DMH Code #63101) 2. Communicating with co-workers (DMH Code #14102) 3. Meeting the public (DMH Code #54101) 4. Resident relationships (DMH Code #53101) 5. Understanding how culture affects behavior (DMH Code #53102) 6. Family dynamics (DMH Code #54103)
Health Care	
2. Handwashing (DMH Code #44201)	1. Maintenance of a safe environment (DMH Code #49101)

3. Understanding the body systems
(DMH Code #46101)
4. Exercise needs (DMH Code #44101)
5. Range of motion (DMH Code #42202)
6. Ambulate the resident (DMH Code #42203)
7. Position the resident (DMH Code #42204)
8. Assist resident to wheelchair/
traychair/commode and back to bed
(DMH Code #44205)
9. Observing and reporting
(DMH Code #41101)
10. Charting on medical records
(DMH Code #41102)
11. Personal care (DMH Code #44102)
12. Give/assist with oral hygiene
(DMH Code #44206)
13. Give/assist with tub/shower
bath (DMH Code #44207)
14. Give/assist with bed bath
(DMH Code #44208)
15. Give a backrub (DMH Code #44209)
16. Give/assist with perineal care
(DMH Code #44210)
17. Give/assist with shaving
(DMH Code #44211)
18. Comb/brush hair (DMH Code #44212)
19. Give fingernail, toenail, footcare
(DMH Code #44213)
20. Dress/undress the resident
(DMH Code #44214)
21. Make an unoccupied bed
(DMH Code #44215)
22. Make an occupied bed
(DMH Code #44216)

23. Nutrition (DMH Code #42101)
24. Serving, feeding, monitoring (DMH Code #42102)
25. Feeding the resident who is disabled (DMH Code #42201)
26. Observe, measure, and record fluid intake and output (DMH Code #41103)
27. Elimination (DMH Code #44103)
28. Give and remove bedpan/urinal (DMH Code #44217)
29. Apply Attends brief (DMH Code #44218)
30. Vital Signs (DMH Code #43101)
31. Measure TPR (DMH Code #43201)
32. Measure a blood pressure (DMH Code #43202)
33. Preparing the resident for physical exams and laboratory tests (DMH Code #43102)
34. Basic first aid (DMH Code #49102)

Normal Human Growth and Development

1. Physical and sensorimotor development (DMH Code #31101)
2. Intellectual development (DMH Code #31102)
3. Social and emotional development (DMH Code #31103)
4. Language development (DMH Code #31104)

5. Sexual development (DMH Code #31105)

Understanding MR/DD

1. Developmental disabilities (DMH Code #30101)
2. Mental retardation (DMH Code #37301)
3. Cerebral palsy (DMH Code #37302)
4. Autism (DMH Code #37303)
5. Specific learning disabilities (DMH Code #37304)
6. Neurological impairments (DMH Code # 37305)
7. Seizure disorders/epilepsy (DMH Code #37306)
8. MR/DD residents with psychiatric disorders (DMH Code #37307)
9. Visual impairments (DMH Code #37308)
10. Communication disorders (DMH Code #37309)
11. Sex education and the mentally retarded (DMH Code #37310)

Habilitation Process

1. Understanding behavior (DMH Code #65101)
2. Managing behavior (DMH Code #65102)

3. Utilizing behavioral objectives and task analyses (DMH Code #65103)
4. Collecting data (DMH Code #65104)
5. Consequences of behavior (DMH Code #65105)
6. Techniques for changing behavior (DMH Code #65106)

MASTER LIST - UNIT LESSON PLANS

(Suggested schedule is a 3-hour session.)

COURSE TITLE: Basic Paraprofessional Training

Lesson Plan #	Date I.T. #	D.#	Lesson Title	Time Allotted	
				Info.	Demo.
Unit I: Roles and Responsibilities					
LP 1:	p. 1	I-1	Becoming a Developmental Trainee	60'	**
LP 2:	p. 19	I-2	Ethical and legal Responsibilities	120'	
LP 3:	p. 55	I-3	Role of the DA in the Admission of the Resident	30'	
LP 4:	p. 63	I-4	The IHP Process	120'	
Unit I Test				60'	
Unit II: Interpersonal Relationships					
LP 1:	p. 79	II-1	Basic Communication Skills	120'	
LP 2:	p. 101	II-2	Communicating Effectively with Coworkers	60'	
LP 3:	p. 115	II-3	Meeting the Public	30'	
LP 4:	p. 125	II-4	Resident Relationships	60'	
LP 5:	p. 141	II-5	Understanding How Culture Affects Behavior (optional)	60'	
LP 6:	p. 151	II-6	Family Dynamics	90'	
Unit II Test				60'	

Lesson Plan #	Date I.T. #	D.#	Lesson Title	Time Allotted	
				Info.	Demo.
Unit III: Health Care					
LP 1: p. 161	III-1		Maintenance of a Safe Environment	60'***	
LP 2: p. 187		III-1	Wash Hands		15'
LP 3: p. 195	III-2		Body Systems	240'	
LP 4: p. 229	III-3		Exercise Needs	30'	
LP 5: p. 243		III-2	Give Range of Motion Exercises		
LP 6: p. 255		III-3	Ambulate the Resident		15'
LP 7: p. 265		III-4	Position the Resident in bed		15'
LP 8: p. 281	III-5		Assist Resident to Wheelchair		
			Traychair or Commode and Back to Bed		15'
LP 9: p. 291	III-4		Observing and Reporting	60'	
LP 10: p. 309	III-5		Charting on Medical Records	90'	
LP 11: p. 321	III-6		Personal Care	60'	
LP 12: p. 341		III-6	Give/Assist with Oral Hygiene		15'
LP 13: p. 353		III-7	Give/Assist with Tub/Shower Bath		30'
LP 14: p. 365		III-8	Give/Assist with Bed Bath (Optional)		60'
LP 15: p. 381		III-9	Give Back Rub (Optional)		15'
LP 16: p. 391		III-10	Give/Assist with Perineal Care (optional)		15'
LP 17: p. 399		III-11	Give/Assist with Shaving		30'
LP 18: p. 409		III-12	Comb/Brush Hair		15'
LP 19: p. 417		III-13	Give Fingernail, Toenail, Footcare		15'
LP 20: p. 425		III-14	Dress and Undress the Resident		15'
LP 21: p. 437		III-15	Make an Unoccupied Bed		30'
LP 22: p. 449		III-16	Make an Occupied Bed (optional)		60'
LP 23: p. 461	III-7		Nutrition	60'	
LP 24: p. 483	III-8		Serving, Feeding, & Monitoring	60'	
LP 25: p. 497		III-17	Feeding the Dependent Resident		15'
LP 26: p. 505	III-9		Observe, Measure, and Record Fluid Intake and Output	60'	

Lesson Plan #	Date I.T. #	D.#	Lesson Title	Time Allotted	
				Info.	Demo.
LP27: p. 519	III-10		Elimination	30'	
LP28: p. 529		III-18	Give and Remove Bedpan/Urinal (optional)		15'
LP29: p. 541	III-11	III-19	Apply Attends Brief (optional)		15'
LP30: p. 549			Vital Signs	60'	
LP31: p. 565		III-20	Obtain TPR		15'
LP32: p. 581	III-12	III-21	Measure a Blood Pressure		15'
LP33: p. 591			Preparing the Resident for Physical Exams and Laboratory Tests	30'	
LP34: p. 603	III-13		Basic First Aid	60'	
Unit III Test			60'		

Unit IV: Normal Human Growth and Development

LP 1: p. 617	IV-1	Physical and Sensorimotor Development	60'
LP 2: p. 643	IV-2	Intellectual Development	60'
LP 3: p. 657	IV-3	Social and Emotional Development	60'
LP 4: p. 679	IV-4	Language Development	60'
LP 5: p. 695	IV-5	Sexual Development	60'
Unit IV Test			60'

Unit V: Understanding MR/DD

LP 1: p. 707	V-1	Developmental Disabilities	90'
LP 2: p. 725	V-2	Mental Retardation	60'
LP 3: p. 737	V-3	Cerebral Palsy	30'
LP 4: p. 747	V-4	Autism	30'
LP 5: p. 759	V-5	Specific Learning Disabilities	30'
LP 6: p. 769	V-6	Neurological Impairments	30'
LP 7: p. 783	V-7	Seizure Disorders/Epilepsy	60'

Lesson Plan #	Date I.T. #	D.#	Lesson Title	Time Allotted	
				Info.	Demo.
LP 8: p. 799	V-8		MR/DD Residents with Psychiatric Disorders	60'	
LP 9: p. 835	V-9		Visual Impairments	60'	
LP 10: p. 847	V-10		Communication Disorders	60'	
LP 11: p. 865	V-11		Sex Education and the Mentally Retarded	60'	
Unit V Test				60'	
Unit VI: Habilitation Process					
LP 1: p. 875	VI-1		Understanding Behavior	120'	
LP 2: p. 887	VI-2		Managing Behavior	240'	
LP 3: p. 907	VI-3		Utilizing Behavioral Objectives and Task Analyses	120'	
LP 4: p. 917	VI-4		Collecting Data	120'	
LP 5: p. 935	VI-5		Consequences of Behavior	240'	
LP 6: p. 945	VI-6		Techniques for Changing Behavior	600'	
Unit VI Test				60'	
Pretest				60'	
Posttest				60'	
				***Cardio-pulmonary Resuscitation	480'
				***Red Cross First Aid Course (optional)	480'

*Return demonstration by the student is considered part of the clinical training and practice.

** Symbolizes minutes

***These lessons are not included in the Basic Paraprofessional Training Curriculum guide.

Total Hours of Instruction	=	97.5
excluding optional lessons	=	86

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LESSON PLAN: 1

COURSE TITLE: Basic Paraprofessional Training

UNIT 1: Roles and Responsibilities

SCOPE OF UNIT:

This unit covers an overview of the course, the role of the developmental assistant relative to the interdisciplinary treatment team, legal aspects of resident care and the IHP process.

INFORMATION TOPIC: I-I

BECOMING A DEVELOPMENTAL TRAINEE
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. List ten goals of the course.
2. List three methods of evaluating classroom activities.
3. List and practice 15 habits that improve study.
4. Match the quality of a Developmental Assistant I with the appropriate definition/description.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Sample evaluation tools
2. Selected references (to include dictionaries)
3. HO 1: Essential Attitudes for Establishing Working Relationships With Others
4. HO 2: Job Description of a Developmental Assistant I

INFORMATIONAL ASSIGNMENT:

None

REFERENCES: (Instructor's Additional Information)

Becker, Betty Glore and Fendler, Delores. Vocational And Personal Adjustments in Practical Nursing. 3rd ed. St. Louis: C. V. Mosby Co., 1978. pp. 26-36.

INTRODUCTION:

Quality care of residents is dependent upon the concerted efforts of the total habilitation team within the institution. The members of the health team can function to the best of their ability only if adequately prepared to do their assigned job and only to the extent that they can work together with other disciplines in implementing the planned program. Working together does not "just happen." It can be achieved only through mutual understanding and respect for the uniqueness of each discipline and for a sharing in that which is common to all.

The curriculum is designed to help developmental assistants acquire skills which will better prepare them to function as members of the habilitation team in providing quality health care. Classes and clinical experience will be planned and supervised. Students will have the opportunity to learn from and work with individuals in speciality areas of nursing, education and activities. In such a manner, we believe they will be prepared to work together to implement care plans, to make and communicate meaningful observations, and to see themselves as a vital person in the habilitation program of the mentally retarded and developmentally disabled individual.

LESSON PLAN: I

COURSE TITLE: Basic Paraprofessional Training

UNIT I : Introduction

INFORMATION TOPIC: I-I

OUTLINE: (Key Points)

I. Course goals

- A. Recognize those qualities of the developmental assistant that will assist you in performing your job more successfully.
- B. Recognize the developmental assistant's role as it relates to the organizational structure of an MR/DD facility.
- C. Identify responsibilities of the developmental assistant to the resident and the interdisciplinary treatment team.
- D. Demonstrate beginning skills in communication and observation.
- E. Demonstrate knowledge of the legal rights of residents and the responsibility of staff in protecting these rights.
- F. Recognize the importance of positive public and community relations.
- G. Demonstrate skills and techniques in performing basic health care procedures and first aid measures.
- H. Demonstrate knowledge of the stages of growth and development from birth until death.
- I. Demonstrate basic skill in recognizing the needs of an individual as his/her growth and development may deviate from the normal.
- J. Demonstrate basic knowledge of behavior management principles and their therapeutic use.
- L. Demonstrate beginning skills in implementing habilitation programs and evaluating their effectiveness.

II. Course requirements

A. Qualification of students

Capable of meeting employment criteria outlined by the Department of Mental Health and the Division of Personnel regulations

B. Educational program

1. Employees may test out of the competencies already mastered in the orientation program when that content is taught in the basic course.
2. The basic program consists of a minimum of 86 hours of classroom-laboratory instruction. Evaluations include a minimum of 6 examinations over theory and a pre and post test. Examiners shall be the instructor(s) who taught the basic course.
3. Each student will have clinical practice under the supervision of a qualified instructor from the Staff Development Department or qualified designee. (The instructor shall provide documentation of completion of the clinical practice prior to the issuance of a certificate.)

C. Classroom strategies

1. Overview
2. Use of student guide (includes most handouts)
3. Use of references
 - a. Textbooks
 - b. Periodicals
 - c. Pamphlets
4. Audio-visual materials
5. Evaluation
 - a. Work sheets
 - b. Tests prior to the final with a minimum passing score of 70% in each unit. Quizzes may be given as necessary.
 - c. Classroom discussion and participation in activities
 - d. Perform procedures on a patient with supervision or return demonstrations in the classroom.
 - e. Clinical performance includes:
 - 1) Displaying essential qualities of a developmental assistant

2) Developing therapeutic relationships with residents

f. Processing recordings and/or daily log or journal of clinical activities

III. Classroom policies and procedures

- A. Time
- B. Time-off
- C. Materials for class
- D. Keys
- E. Smoking
- F. Break room
- G. Telephone
- H. Student problems
- I. Counseling report

IV. Study habits

- A. Environment
 - 1. Quiet
 - 2. No TV or radio
- B. Preview material.
 - 1. Read material quickly.
 - 2. Use topic headings or key sentences.
 - 3. Ask yourself what each paragraph contains.
- C. Read each paragraph.
 - 1. Remember, reading words is a waste of time.
 - 2. State its content or ideas in your own words.
 - 3. Underline important words, sentences, or phrases.
 - 4. State topic out loud.
- D. Test yourself. Construct your own test questions.

- E. Time for study
 - 1. As soon as possible after class
 - 2. Fill in notes or reorganize notes.
 - 3. Do assignments as soon as possible after they have been given.
- F. Reference materials
 - 1. Use library frequently.
 - 2. Look up new words in the dictionary.
- G. Taking a test
 - 1. Read the question quickly but thoroughly. Read each word of the question and all choices.
 - 2. Select the answer that you believe is correct; usually your first thought is correct.
 - 3. Restate each question in your own words.
 - 4. Never erase or change an answer unless you are positive your first choice is wrong.
- V. Essential qualities of the developmental assistant
 - A. Personal hygiene
 - 1. Bathe daily.
 - 2. Use deodorants.
 - 3. Prevent bad breath by brushing teeth.
 - 4. Trim, shape, and clean fingernails
 - 5. Keep hair neat and clean.
 - a. Style simply
 - b. Keep out of face (Long hair must be pinned up so loose hairs do not contaminate when performing certain nursing procedures)

B. Personal health

1. Eat well-balanced diet.
2. Acquire adequate sleep and relaxation.
3. Cope with stress (inner pressures.)
4. Practice good body posture.
5. Never take alcohol or drugs before going on duty.
6. Disease Prevention
 - a. Hand washing
 - b. Immunization
 - c. Health maintenance program

C. Clothing and accessories

1. Appropriate clothing for duty will be determined by the facility and unit where you are assigned.
2. Change lingerie and underclothing daily.
3. Undergarments should provide good support.
4. Check policy of facility regarding jewelry.
 - a. Wedding ring only
 - b. Small, inconspicuous earrings
5. Stockings should be changed daily.
6. Shoes should be comfortable and give support.
 - a. Clean and polish daily if white.
 - b. Wash shoestrings.
 - c. Color of shoes according to facility policy
7. Make-up
 - a. Use in moderation.
 - b. No perfume which nauseates ill persons

D. Personality (totality of an individual's behavioral and emotional tendencies)

1. Charm (how to please others)
2. Poise (even tempered, composed)
3. Dignity (self-control)
4. Attitudes (feelings about people, places, and things)
 - a. Positive
 - b. Negative
5. Habits (repetition of behavior - acquired)

E. Conduct

1. Confidentiality
2. Professional behavior
3. Gossip
4. Courtesy

F. Dependability

1. Report to work on time.
2. Use facility procedure for absenteeism.
3. Work habits
4. Personal habits

VI. Summary and conclusion

- A. Goals and objectives
- B. Course requirements
- C. Study habits
- D. Essential qualities

In this lesson we have discussed the course, expectations of you as a student, and suggestions for effective studying. The following lessons in this unit will deal more specifically with your role as a developmental assistant.

ESSENTIAL ATTITUDES FOR ESTABLISHING WORKING RELATIONSHIPS WITH OTHERS

I. Politeness and Tactfulness

Politeness is a social courtesy.

Tactfulness is skillful thoughtfulness in handling a situation.

Examples

Politeness:

"Please"; "Thank you" - magic words

"May I help you?" with a smile

Allow others to pass - no pushing.

Be gentle in manner and tone.

Address the resident by the given first name or surname.

(Do not address by a nickname)

Address employees by surname until instructed otherwise.

Tactfulness:

Think carefully before speaking to avoid offending others. Learn how to answer residents' questions to their satisfaction by referring to the proper person, etc. (such as, "Why don't we ask the person in charge of your care?")

II. Friendliness

Friendliness is warmth and good will between people and includes courtesy, confidence, and hospitality. The resident needs to feel accepted by others. The developmental assistant is a good friend with a sense of responsibility for the resident's welfare.

III. Patience

The ability to accept residents in a supportive manner and to give them the feeling that you are in sympathy with them and are interested in their welfare is important. This stems from knowledge. The developmental assistant must develop the enduring quality of not giving up when improvements are SLOW.

IV. Truthfulness

Truthfulness is best demonstrated by an earnest and sincere manner. All residents need to have trust in the people who care for them so that they can learn to rely on others.

V. Poise

To remain composed in the face of difficult situations requires thoughtful control and is not always easy.

Make it a rule never to touch a resident exhibiting rising emotional upset unless absolutely necessary. Then do it firmly and with such confidence and good spirit that neither the resident nor his/her pride is injured.

VI. Confidence in ourselves and others

When we have faith and assurance in ourselves, it tends to stimulate the same in others.

Our goal is to help residents gain self-confidence and faith in others.

We can do this by helping them to look and feel better, live according to good health and behavior standards, and again feel successful in work and play projects in the treatment program. When we show residents that we believe in their treatments and that progress is possible, we help them to gain this necessary confidence; and when we give honest compliments for good efforts, we help them to try and try again to make new efforts and improvements.

VII. Receptiveness

To listen to another person's interests politely, unselfishly and tactfully is a compliment to that person and, wisely used, it creates a pleasant bond between two people.

JOB DESCRIPTION OF A
DEVELOPMENTAL ASSISTANT I

DEFINITION

This is nonprofessional work in the care and treatment of residents in a State facility for the mentally retarded and developmentally disabled.

An employee in this class performs basic nonprofessional work in health care, education, activity therapy, physical therapy, vocational rehabilitation, and related areas. This employee assists in the implementation of group and individual program plans; contributes to the development and maintenance of the therapeutic environment; and establishes effective interpersonal relationships with residents, co-workers and other members of the treatment unit. Work involves responsibility for observing and reporting information concerning the physical, mental, and behavioral condition of residents and for assisting in the maintenance of necessary records and reports to document these observations. Close supervision or direction is received from a higher ranking developmental assistant or other staff member who reviews work through reports and direct observations.

EXAMPLES OF WORK PERFORMED

(Any one position may not include all of the duties listed nor do the listed examples include all tasks which may be found in positions of this class.)

Observes, reports, and assists in recording changes in physical condition, behavioral response, and emotional status of residents.

Implements individual or group program plans under the supervision of a higher level developmental assistant or other staff member; assists in developing skills related to self-help, play, education, muscular development, socialization, etc.; escorts residents as assigned.

Assists in providing basic health care for residents; takes temperature, pulse, respiration, blood pressure; applies simple dressings.

Administers oral, topical or rectal medications after being certified by facility officials.

Maintains a safe, clean and agreeable environment for resident care and treatment activities.

Assists in the orientation of new employees.

Relieves as lead worker in the absence of the Development Assistant II.

Takes appropriate action in case of fire and/or disaster.

Prepares necessary supplies and equipment for individual or group treatment activities; maintains an inventory of supplies and equipment.

Serves meals to residents in the absence of food service personnel.

Performs related work as assigned.

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES

Working knowledge of basic nonprofessional techniques used in nursing, education, activity therapy, physical therapy, vocational rehabilitation, and related areas

Working knowledge of elementary behavior modification techniques

Ability to administer oral, rectal, and topical medications after certification by facility officials

Ability to apply basic skills required in activation and learning programs

Ability to maintain a safe, clean and agreeable environment for resident care and treatment activities

Ability to accurately report and record observations

Ability to understand and follow oral and written directions

Ability to accept and adapt to changes in assignments, methods, policies, etc.

Ability to work with the mentally retarded-developmentally disabled

MINIMUM EXPERIENCE AND TRAINING QUALIFICATIONS

The following statement represents the minimum experience and training standards which will be used to admit or reject applicants for tests, provided that equivalent substitution will be permitted in case of deficiencies in either experience or education.

Graduation from a training course for Development Assistant I as approved by the Missouri Department of Mental Health, or graduation from a training program of comparable length and content.

LESSON PLAN: 1

COURSE TITLE: Basic Paraprofessional Training

UNIT 1 : Introduction

INFORMATION TOPIC: I-I

INTERACTION ITEMS: (Review Items)

1. Let us recap the objectives of this course. Who can name one?
2. List the student qualifications to become a developmental assistant.
3. What are some of the ways you will be graded (evaluated) in this course?
4. What would you include in your plan to strengthen your study skills?
5. What are the essential qualities of the developmental assistant?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Show the class how to use a dictionary.
2. Examine samples of work sheets and written and performance tests.
3. Outline plan to develop study skills.
4. Introduction exercises:
 - a. Divide class in two groups (be sure instructor is included).
 - b. In smaller sub-groups of 2 or 3 have students find out 3 items of information about each other (exclude age, weight). May be about family, hobbies, work, etc.
 - c. The student should then introduce this person to their group (2 main groups) with the information learned.
 - d. Bring entire group back together.
 - e. Alternate groups and have the students randomly pick someone from their original group to introduce to the entire class (should not be the person or persons they talked with in the sub-group).

LESSON PLAN: I

COURSE TITLE: Basic Paraprofessional Training

UNIT I : Roles and Responsibilities

ANSWERS TO EVALUATION ITEMS

1. List four goals of the course.
 - A. Recognize those qualities of the developmental assistant that will assist you in performing your job more successfully.
 - B. Recognize the developmental assistant's role as it relates to the organizational structure of an MR/DD facility.
 - C. Identify responsibilities of the developmental assistant to the resident and the interdisciplinary treatment team.
 - D. Demonstrate beginning skills in communication and observation.
 - E. Demonstrate knowledge of the legal rights of residents and the responsibility of staff in protecting these rights.
 - F. Recognize the importance of positive public and community relations.
 - G. Demonstrate skills and techniques in performing basic health care procedures and first aid measures.
 - H. Demonstrate knowledge of the stages of growth and development from birth until death.
 - I. Demonstrate basic skill in recognizing the needs of an individual as his/her growth and development may deviate from the normal.
 - J. Demonstrate basic knowledge of behavior management principles and their therapeutic use.
 - L. Demonstrate beginning skills in implementing habilitation programs and evaluating their effectiveness.
2. List three methods of evaluating classroom activities.
 - A. Work sheets
 - B. Tests prior to the final with a minimum passing score of 70% in each unit. Quizzes may be given as necessary.
 - C. Classroom discussion and participation in activities
 - D. Perform procedures on a patient with supervision or return demonstrations in the classroom.

G. Take a test

1. Read the question quickly but thoroughly. Read each word of the question and all choices.
2. Select the answer that you believe is correct; usually your first thought is correct.
3. Restate each question in your own words.
4. Never erase or change an answer unless you are positive your first choice is wrong.

4. Matching

Match the following qualities of a developmental assistant with the appropriate definition/description. The answers may be used once, more than once, or not all.

- | | |
|-----------------|----------------------|
| a. Charming | e. Dignified |
| b. Confidential | f. Poised |
| c. Courteous | g. Negative attitude |
| d. Dependable | h. Positive attitude |

- a 1. ability to please others
- f 2. even tempered, composed
- d 3. uses facility's procedure when absent
- e 4. exhibits self-control
- h 5. exhibits positive feelings about people, places and things
- c 6. considers others feelings; exhibits tact
- b 7. does not discuss resident's conditions with others outside the facility
- c 8. introduces self to resident's family
- d 9. reports uncompleted assignments to change personnel
- g 10. exhibits attitudes which are harmful to the resident

- E. Clinical performance includes:
 - 1) Displaying essential qualities of a developmental assistant
 - 2) Developing therapeutic relationships with residents
 - F. Process recordings and/or daily log or journal of clinical activities.
3. List five study habits.
- A. Choose a suitable environment.
 - 1. Quiet
 - 2. No TV or radio
 - B. Preview material.
 - 1. Read material quickly.
 - 2. Use topic headings or key sentences.
 - 3. Ask yourself what each paragraph contains.
 - C. Read each paragraph.
 - 1. Remember, reading words is a waste of time.
 - 2. State its content or ideas in your own words.
 - 3. Underline important words, sentences, or phrases.
 - 4. State topic out loud.
 - D. Test yourself. Construct your own test questions.
 - E. Choose a time for study.
 - 1. As soon as possible after class
 - 2. Fill in notes or reorganize notes.
 - 3. Do assignments as soon as possible after they have been given.
 - F. Use reference materials.
 - 1. Use library frequently.
 - 2. Look up new words in the dictionary.

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT 1 : Roles and Responsibilities

SCOPE OF UNIT:

This unit covers an overview of the course, the role of the developmental assistant relative to the interdisciplinary treatment team, legal aspects of resident care, and the IHP process.

INFORMATION TOPIC: I-2

ETHICAL & LEGAL RESPONSIBILITIES

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Match the terminology with the medical/legal problem.
2. Identify six rights without limitation and six rights which may be limited.
3. Describe the process for reporting abuse and neglect to proper authorities.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Health Care Personnel - The Law and Ethics
2. HO 2: Department Operating Regulations
 - DOR 2.005: List of Client Rights
 - DOR 2.010: Notification Requirements
 - DOR 2.205: Abuse and Neglect Definitions, Investigation Procedures and Penalties
 - DOR 2.105: Processing Client Rights Grievances
 - DOR 2.210: Complaints of Abuse and Neglect of Community Placement Clinics
 - DOR 4.145: Use of Restraint and Time Out
3. HO 3: Resident Rights and Privileges

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Wormsley, Ann, and Dolecki, Yolanda. Medication Technician. Columbia, MO: Instructional Materials Laboratory, University of Missouri-Columbia, 1978. pp. 9-19.

INTRODUCTION:

In this lesson we will discuss the legal aspects of caring for the MR/DD resident. We will cite and/or role play common medical/legal problems; see how they relate to resident rights; and learn the appropriate reporting process for dealing with grievances at your MR/DD facility.

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT I : Introduction

INFORMATION TOPIC: I-2

OUTLINE: (Key Points)

I. Medical/legal problems (HO 1)

- A. Assault
- B. Battery
- C. Consent
- D. Duty of care
- E. Ethics
- F. False imprisonment
- G. Invasion of privacy
- H. Libel
- I. Malpractice
- J. Negligence
- K. Privileged communication
- L. Slander
- M. Breach
- N. Custom
- O. Conduct
- P. Ideal
- Q. Unethical
- R. Value system

II. Resident rights (HO 2)

- A. Federal

- B. State
- III. Abuse and/or neglect in reporting
 - A. Information reported
 - B. Time limitation
 - C. Confidentiality
 - D. Investigation procedure
 - E. Retaliation procedure
- IV. Grievance procedure for facility
 - A. Written procedure
 - B. Complaint designee
 - C. Document receipt, resolution, referral
- V. Guardianship
 - A. Guardians are appointed to persons who are judged to be incapacitated.
 - B. Guardians are expected to act on behalf of the resident and should have the resident's best interests at heart. (Review current guardianship law and implications at your facility.)
- XI. Summary and conclusion
 - A. Medical/legal problems
 - B. Resident rights
 - C. Abuse and/or neglect in reporting
 - D. Grievance procedure for facility
 - E. Guardianship

In this lesson we have discussed ethical and legal responsibilities of the developmental assistant. As a developmental assistant, you should always be mindful of these responsibilities.

DEPARTMENT OF MENTAL HEALTH PERSONNEL - THE LAW AND ETHICS

As an employee in the Department of Mental Health, it is important for you to be aware of your legal and ethical responsibilities to prevent medical/legal problems.

When you serve residents in any way, or have access to their records, you are expected to maintain their confidence and trust. Any violation of the resident's trust and confidence may be defined as an illegal or immoral act.

There are certain laws which protect residents when entering the Department of Mental Health System. The resident/parent/guardian signs an admission agreement giving his or her consent for treatment and care. Special consent forms are again required for special procedures. Always remember to check the chart for these forms and make sure they are signed when required.

Situations from which legal problems might arise include:

1. Restraining a resident: Are the restraints for the protection of the resident or the personnel? Must have a doctor's order.
2. Assault (threat to harm): Telling a resident, "If you don't be quiet, I'll tie your hands down."
3. Gossiping about residents may be defined as "defamation of character" or "defamation by slander."
4. A written entry in a chart such as "the resident was a cross old crackpot today" could be defined as written defamation and "libel."
5. Personal information about the resident comes under the classification of "privileged information."
6. In the long-term care facility, a surveyor may want to look at a resident's skin. Without the resident's consent or proper screening, this would be "invasion of privacy."

As an employee, you must be familiar with certain legal and ethical terms. The following list of terms will assist you in understanding your responsibility.

1. Assault: Threat or attempt to injure another in an illegal manner
2. Battery: Unlawful touching of another person without his or her consent, with or without resultant injury
3. Consent: Permission granted voluntarily by a person in his or her right mind
4. Duty of care: The obligation under law for an employee to perform services for a resident which meet the common standards of practice expected in his or her community for a comparable worker

5. **Ethics:** The discipline dealing with rules or standards governing the conduct of members of a profession; moral duty and obligation
6. **False Imprisonment:** Holding or detaining a person against his or her will or without a physician's orders
7. **Invasion of privacy:** A civil wrong that unlawfully makes public knowledge of any private or personal information without the consent of the wronged person
8. **Libel:** A civil wrong; to communicate in writing defamatory matter about an individual or group to a third party
9. **Malpractice:** Professional care that has led to injury due to a faulty practice or neglect
10. **Negligence:** Failure to perform in a reasonably prudent manner or by acceptable health care practices
11. **Privileged communication:** Any personal or private information which is relevant to a resident's care, given by the resident to medical personnel
12. **Slander:** Spoken statement of false charges or misrepresentations which defame or damage another's reputation
13. **Breach:** Breaking of a law or of any obligation or contract
14. **Custom:** Long-established practice; an accepted behavior
15. **Conduct:** One's actions in general; behavior
16. **Ideal:** A standard of perfection or excellence
17. **Unethical:** Not ethical; not representative of ideal behavior
18. **Value system:** Pattern of conduct or ideas that are accepted as worthwhile or meaningful

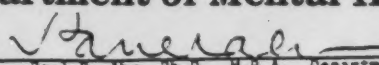
Legal documents are documents which are accepted in the courts of law as evidence of truth, e.g., a resident's chart is a legal record and can come under scrutiny of a legal authority. The "signed consent" also is a legal record. A will is a legal document, for it must be signed in ink and signed voluntarily; and a resident must be in sound mind with the signing witnessed by at least two persons over 21.

You can prevent ethical and legal problems from developing with residents in your care by observing the following rules:

1. Remember that the resident is your responsibility.
2. Observe the resident's rights and avoid violation of them.

HO I (cont'd)

3. Prepare all paperwork correctly.
4. Record all pertinent data.
5. Know your lines of authority. Do only those things which you have been trained and supervised to do.
6. Find out about liability coverage.

Missouri Department of Mental Health

 Paul R. Ahr, Ph.D., M.P.A., Department Director

 Department
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 DOR
 2.005

Chapter	Subchapter	Effective Date	Number of Pages	Page Number
Client Rights	Rights of Clients	9/1/81	2	1
Subject		Authority	History	
List of Client Rights		\$630.050 RSMo	NEW	

PURPOSE: Prescribes the statutory rights for clients.

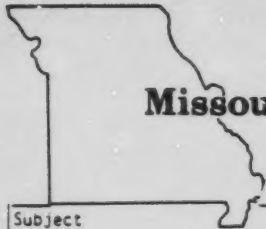
APPLICATION: Applies to residential facilities, day programs and specialized services operated by the department.

(1) The following are client rights which may be limited only if the head of the facility determines that they are inconsistent with the client's therapeutic care, treatment, habilitation, or rehabilitation. (The limitations and the reasons for the limitations must be documented in the person's clinical record):

- (A) To wear own clothes and to keep and use own personal possessions;
- (B) To keep and be allowed to spend a reasonable sum of own money for canteen expenses and small purchases;
- (C) To communicate by sealed mail or otherwise with persons, including agencies, inside or outside the facilities;
- (D) To receive visitors of own choosing at reasonable times;
- (E) To have reasonable access to a telephone, both to make and receive confidential calls;
- (F) To have access to mental and medical records;
- (G) To have opportunities to have physical exercise and outdoor recreation;
- (H) To have reasonable, prompt access to current newspapers, magazines, and radio and television programs.

(2) The following client rights may not be limited:

- (A) To receive visits from own attorney, physician or clergyman in private and at reasonable times;
- (B) To communicate by sealed mail with the department, own legal counsel and with court, if any, which has jurisdiction over the person;
- (C) To humane care and treatment;
- (D) To the extent that facilities, equipment and personnel are available to medical care and treatment in accordance with the highest standards accepted in medical practice;
- (E) To safe and sanitary housing;
- (F) To not participate in non-therapeutic labor;
- (G) To attend or not attend religious services;
- (H) To receive prompt evaluation and care, treatment, habilitation or rehabilitation about which he is informed insofar as the client is capable of understanding;
- (I) To be treated with dignity as a human being;



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List of Client Rights	9/1/81	2	2

(J) To not be the subject of experimental research without prior written and informed consent, except that no involuntary patient shall be subject to experimental research;

(K) To have access to consultation with a private physician at own expense;

(L) To be evaluated, treated, habilitated or rehabilitated in the least restrictive environment;

(M) To not be subject to any hazardous treatment or surgical procedures without consent unless such treatment or procedures are ordered by a court of competent jurisdiction;

(N) In case of hazardous treatment or irreversible surgical procedure, to have, upon request, an impartial review prior to implementation, except in case of emergency procedures required for preservation of person's life;

(O) To a nourishing, well-balanced and varied diet;

(P) To be free from verbal and physical abuse.

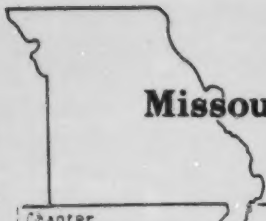
(3) Each client has the right to be free from physical or chemical restraint, isolation or seclusion unless it is determined by the head of the facility or the attending licensed physician to be necessary to protect the client or others.

(4) Information and records compiled, obtained, prepared or maintained by the facility in the course of providing services to clients are confidential, as provided by law.

(5) Each client has a right to an impartial review of alleged violations of rights assured under this regulation and state statute under the provisions of department operating regulations.

(6) No client shall be presumed to be incompetent, to forfeit any legal right, responsibility or obligation or suffer any legal disability as a citizen unless prescribed by law, as a consequence of receiving evaluation, care, treatment, habilitation or rehabilitation for mental disorder, mental illness, mental retardation, developmental disability, alcohol problem or drug problem.

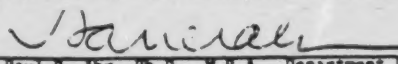
(7) No department facility, day program or specialized service operated, funded or licensed by the department shall deny admission or other services to any person because of race, sex, creed, marital status, national origin, handicap or age.

 Missouri Department of Mental Health <i>Paul R. Anr.</i> Paul R. Anr, Ph.D., M.P.A., Department Director				Department Operating Regulation Number
				DOR 2.010
Chapter	Subchapter	Effective Date	Number of Pages	Page Number
Client Rights	Rights of Clients	9/1/81	1	1
Subject		Authority	History	
Notification Requirements		\$630.050 RSMo	NEW	

PURPOSE: Prescribes the manner of notifying clients of their rights assured them under Chapter 630 RSMo.

APPLICATION: Applies to residential facilities, day programs, and specialized services operated by the department.

- (1) As used in this operating regulation, unless the context clearly requires otherwise, the term "facility" shall mean a mental health facility, mental retardation facility, or regional center operated by the department including day programs operated by the department which are not a part of the facility or regional center.
- (2) Each facility shall prominently post a list of client rights (DMH Forms 8125, 8126, 8127) in residential and activity areas in the facility, such as areas where clients sleep, have meals, engage in activities or receive evaluations, treatment, habilitation or rehabilitation or are admitted and receive visitors.
- (3) At the time of admissions or whenever services are provided, each facility shall give each client a brochure that sets forth in plain language the following:
 - (A) A description of the facility, services and costs;
 - (B) Information as to how to seek conditional release or discharge;
 - (C) Statement of rights assured by Chapter 630 RSMo or the department in its rules and regulations;
 - (D) A description of the grievance procedure of alleged violations of rights of clients.
- (4) If facility personnel do not believe a client can read the brochure with understanding, the facility personnel shall explain it to the client and document in the client's file that the explanation was given.

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Chapter	Subchapter	Effective Date	Number of Pages	Page Number
Client Rights	Investigation Procedures	5/1/83	5	1
Subject	Authority	History		
Abuse and Neglect Definitions, Investigation Procedures & Penalties	§630.050, RSMo	Revises DOR 2.205 Effective 9/1/81		

PURPOSE: Prescribes procedures for investigation and processing complaints of client abuse and neglect.

APPLICATION: Applies to the entire department.

(1) As used in this DOR the following terms mean:

(A) "Class I Neglect," failure of an employee to provide reasonable and necessary services to maintain the physical and mental health of any client when such failure presents either imminent danger to health, safety or welfare, or a substantial probability that death or physical injury would result.

(B) "Class II Neglect," failure of an employee to provide reasonable and necessary services to a client according to the treatment, habilitation or rehabilitation plan, if feasible, or according to acceptable standards of care.

(C) "Complaint," allegation that physical abuse, sexual abuse, verbal abuse, Class I Neglect, Class II Neglect has occurred.

(D) "Facility," mental health facility, mental retardation facility or regional center operated by the department, including day programs operated by the department which are not part of a facility or regional center.

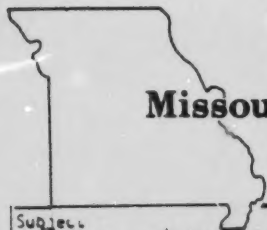
(E) "Physical abuse";

1. purposefully beating, striking, wounding, injuring any client, or
2. in any manner whatsoever, mistreating or maltreating a client in a brutal or inhumane manner.

Physical abuse includes handling a client with any more force than is reasonably or apparently necessary for a client's proper control, treatment or management.

(F) "Sexual abuse," any touching directly or through clothing of the genital, anus or breasts of a client for sexual purposes. Sexual purpose means for the arousing or gratifying of anyone's sexual desires. This definition includes the employee touching of a client and the employee causing the client to touch the employee. It includes fondling through clothes. Also included are aiding or abetting sexual abuse between clients or failing to exercise duty to stop or prevent sexual abuse between clients.

(G) "Verbal abuse," referring to a client in the client's presence with profanity or in a demeaning, undignified or derogatory manner.



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Subject	Effective Date	Number of Pages	Page Number
Abuse and Neglect Definitions, Investigation Procedures & Penalties	5/1/83	5	2

(2) The department director delegates authority to heads of facilities to perform duties and take appropriate action required under section 630.168, RSMo subject to division or the department director's supervision.

(3) Facility heads shall immediately report to the Division of Family Services in Jefferson City, either on the hotline (800-392-3738) or on the tie line (prefix-3448), any incidents or suspected incidents of physical abuse, sexual abuse or class I neglect of minor clients. Department employees shall cooperate with the Division of Family Services in its investigations.

(4) Department employees who know or suspect that clients have been abused or neglected shall immediately report the incidents to the head of the facility on DMH Form 8108, Complaint Form for Alleged Violation of Physical or Verbal Abuse or Neglect.

(A) Employees receiving complaints from non-department employees shall request that the complaints be completed on DMH Form 8108 and, if necessary, shall assist the complainants in completing the forms. The employees shall immediately give the completed forms to the facility heads.

(B) Employees who fail to report incidents or suspected incidents of abuse or neglect are subject to disciplinary action or criminal prosecution, or both.

(5) After receiving complaints of alleged physical or sexual abuse or Class I neglect, the facility heads as designees of the department director shall do the following:

(A) Immediately notify by telephone, if possible, the parents of minor clients, the legal guardians of incompetent clients and the parents serving as protectors recognized under DOR 2.090, Recognition of Parental and Protector's Rights, that the clients have allegedly been abused or neglected, the nature of any injuries, the facts and circumstances surrounding the alleged abuse or neglect (except that the names of any employees or other clients shall not be disclosed) and what action the facilities have taken or plan to take in relation to the clients' care and investigation of the incidents. All telephone notifications shall be appropriately documented.

(B) As soon as practicable after the telephone notifications and if telephone contacts cannot be made, the information set out in (A) shall be given to the parents, guardians or protectors in writing.

(C) Local law enforcement officials shall be immediately notified if the suspected abuse or neglect resulted in any injuries to the clients, and if the abuse was sexual.

(D) Have physical examinations of the clients performed as soon as possible and take color photographs of any injuries.

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Subject	Effective Date	Number of Pages	Page Number
Abuse and Neglect Definitions, Investigation Procedures & Penalties	5/1/83	5	3

(6) Facilities shall fully cooperate with local police in their investigations and make available to them any information relevant to the investigations including access to all relevant documents and persons.

(7) If any employees are suspected of committing abuse or neglect, the facility heads may, pending completion of investigation, place the employees on administrative leave with pay or assign the employees to non-client work areas.

(8) The head of each facility shall establish a board of inquiry ("board") to receive and investigate all complaints of abuse and neglect and report its findings to the head of the facility on DMH Form 8128, Findings of Fact of the Board of Inquiry.

(A) Facility heads shall appoint at least five (5) members of the boards at regional centers and at least ten (10) members to the boards at mental health and mental retardation facilities.

1. The boards may be divided into subcommittees of at least three (3) members to carry out its functions.

2. At least one non-supervisory, direct care employee shall sit on each board or subcommittee.

3. No members may serve on the boards or subcommittees if the alleged abuse or neglect occurred on the wards or units where the employees are assigned.

(B) The boards shall investigate by taking either written statements on DMH Form 8105, Witness Statement, or tape recorded statements from witnesses to the alleged occurrences or statements from other persons who have relevant information.

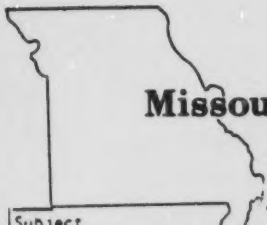
(C) The boards shall complete their investigations as soon as possible within ten (10) days of the filing of the complaints unless the boards request a longer period of time on DMH Form 8107, Request for Additional Investigation Time, and the facility heads approve extensions not to exceed ten (10) additional days.

(9) After receiving the boards reports' the facility heads shall, within seven (7) days, do one of the following:

(A) decide upon appropriate disposition of the matters;

(B) remand the reports to the boards for further investigation and subsequent reports; in which case, the boards shall have not more than ten (10) days to complete their investigations and report to the facility heads, unless the facility heads allow for longer periods of time;

(C) conduct further investigations in a manner determined by the facility heads; in which case, the facility heads shall have an additional five (5) days to complete their investigations and dispose of the complaints.



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Subject	Effective Date	Number of Pages	Page Number
Abuse and Neglect Definitions, Investigation Procedures & Penalties	5/1/83	5	4

(10) The facility heads, within five (5) days after receiving the complaints, shall send letters to the complainants acknowledging receipt of the complaints and give copies of the complaints to the central office client rights monitor.

(11) The facility heads shall dismiss any employees found guilty of physical abuse, sexual abuse or class I neglect and otherwise appropriately discipline any employees found guilty of verbal abuse or class II neglect under the department's disciplinary guideline procedures.

(12) After the investigations are completed, and after the effective date of any discipline, the facility heads shall notify the parents, legal guardians or protectors of the disposition of the matters including findings of abuse or neglect, a summary of the facts and circumstances and actions taken, except that the names of any employees or other clients shall not be revealed.

(13) As set out in section 630.167, RSMo, the complaint records and files shall be confidential. The names of the complainants and other persons mentioned in the complaints shall not be disclosed except as necessary to process the complaints under this DOR, unless the complainants or the other persons request disclosure or judicial or administrative proceedings are initiated. The facilities should consult the facility attorneys before disclosing the reports. The investigative records and files shall not be placed in clients' records.

(14) The facility heads shall send the client rights monitor copies of DMH Form 8108, DMH Form 8128, DMH Form 8107 and dispositions by the facility heads as they are submitted.

(15) The client rights monitor may communicate with members of the boards or facility heads when necessary to provide consultation on investigations of unusual difficulty. The monitor may intervene to bring matters to the attention of the appropriate facility heads, division director or department director. Upon direction of the appropriate division director or department director, the monitor may initiate further investigation of complaints. If requested by the department director, the State Advisory Council on Client Affairs or any of its members may investigate complaints as the director's agent.



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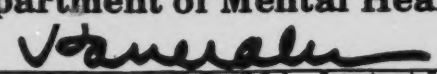
Department Operating Regulation Number
DOR 2.205

Subject Abuse and Neglect Definitions, Investigation Procedures & Penalties	Effective Date 5/1/83	Number of Pages 5	Page Number 5
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(16) Employees shall forfeit their positions as set out in section 36.410 RSMo if they willfully refuse or fail to appear to testify or answer questions before the board or head of the facility relating to an abuse or neglect investigation on the ground that the testimony or answers would tend to incriminate them.

References:

1. DOR's 2.005, 2.090, 2.105, 2.210, 4.145 (Division of MR-DD), 4.250 and O.R. 133 (Division of CPS).
2. Sections 36.410, 630.167 and 630.168, RSMo.

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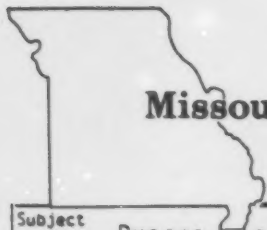
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Chapter	Subchapter	Effective Date	Number of Pages	Page Number
Client Rights	Grievance Procedures	2/1/82	2	1
Subject	Authority		History	
Processing Client Rights Grievances	§§ 630.050 and 630.135, RSMo		NEW	

PURPOSE: Prescribes procedures to process grievances of alleged violations of clients rights.

APPLICATION: Applies to all department facilities.

- (1) As used in this operating regulation, the following terms shall mean:
- (A) "Grievance," allegation that a client's right has been violated (this does not include a complaint of abuse or neglect to be processed under DOR 2.205);
 - (B) "Client rights," those rights listed on DMH Forms 8125, 8126, and 8127.
- (2) Grievances may be filed with the head of the facility as follows:
- (A) Any person other than a department employee may complete the department grievance form (DMH Form 8104) and give it to the person in charge of the ward, unit or facility. The person may also report the grievance to any department employee who shall immediately put it on the department form.
 - (B) A department employee shall complete a department grievance form (DMH Form 8104) and immediately notify the person in charge of the ward, unit or facility where the client receives services under the following circumstances:
 - 1. the department employee has reasonable cause to believe that a violation of client rights has occurred;
 - 2. the department employee receives a grievance under (A) of this section.
- (3) The employee in charge of the ward, unit or facility receiving the grievance shall attempt to resolve it. If the grievance is resolved, the employee shall document its resolution on the grievance form and place it in the client's file and send a copy to the head of the facility who shall forward a copy to the client rights monitor. If the employee who receives a grievance does not resolve it, the employee shall state on the grievance form the reasons for not resolving it and refer it to the head of the facility for disposition by the client rights review committee.
- (4) The head of each facility shall establish a client rights review committee, comprised of at least three employees to impartially review any grievance not resolved by the employee in charge of the ward, unit or facility.



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Subject	Effective Date	Number of Pages	Page Number
Processing Client Rights Grievances	2/1/82	2	2

(A) The committee shall review unresolved grievances and recommend decisions to the head of the facility within ten (10) working days of receiving the grievances. The recommendation shall consist of one of the following:

1. grant the remedy as specified on the grievance form;
2. deny the remedy requested on the grievance form with the reasons stated for recommending the denial;
3. offer another remedy to resolve the grievance with reasons for the alternate specified.

(B) The head of the facility shall decide the grievance within ten (10) working days of receiving the committee's recommendation. The head of the facility may decide the grievance with one of the following decisions:

1. grant the remedy requested;
2. deny the remedy requested and specify the reasons for the denial;
3. offer another remedy with the reasons for an alternate offer.

(5) The client may appeal within fifteen (15) days the decision of the head of the facility to the director of the division which has jurisdiction over the facility.

(6) The division director shall issue a decision in writing within ten (10) working days under one of the following alternatives:

(A) The division director may confirm the decision of the head of the facility and state the reasons for the affirmation.

(B) The division director may reverse the decision of the head of the facility with reasons for the reversal and grant the remedy requested by the client, or remand the grievance to the head of the facility to take certain actions as directed by the division director which may include offering other remedies to the client.

(7) The client may appeal the decision of the division director to the department director within fifteen (15) days who shall make the final department administrative decision within ten (10) working days. The department director may decide the grievance by choosing one of the alternatives available to the division director as set out in section (6).

(8) The facility, division director or department director shall give the grievant, the client if other than the grievant, and the client rights monitor copies of decisions at each step.



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General
Paul H. Ahr, Ph.D., M.P.A., Department Director

Chapter	Subchapter	Effective Date	Number of Pages	Page Number
Client Rights	Investigation Procedures	12/1/82	3	1
Subject	Authority	History		
Complaints of Abuse & Neglect of Community Placement Clients	\$630.050, RSMo	NEW		

PURPOSE: Prescribes procedure for investigating and processing complaints of abuse and neglect of department clients in community placement facilities and day programs.

APPLICATION: Applies to the department facility responsible for community placement programs.

(1) As used in this operating regulation, the following terms shall mean:

(A) Class I Neglect -- Failure of an employee to provide reasonable and necessary services to maintain the physical and mental health of any client when such failure presents either imminent danger to the health, safety or welfare of a client or a substantial probability that death or physical injury would result.

(B) Class II Neglect -- Failure of an employee to provide reasonable or necessary services to a client according to the treatment, habilitation or rehabilitation plan, if feasible, or according to acceptable standards of care.

(C) Physical Abuse --

1. Purposefully beating, striking, wounding or injuring any client, or

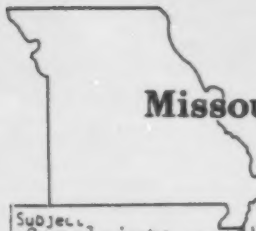
2. In any manner whatsoever mistreating or maltreating a client in a brutal or inhumane manner. Physical abuse includes handling a client with any more force than is reasonable or apparently necessary for a client's proper control, treatment or management.

(D) Sexual Abuse -- Any touching, directly or through clothing, of the genitals, anus or breasts of a client for sexual purpose. Sexual purpose means for the arousing or gratifying of anyone's sexual desires. This definition includes the employee touching a client and the employee causing the client to touch the employee. It includes fondling through clothing. It also includes aiding or abetting sexual abuse between clients or failing to exercise duty to stop or prevent sexual abuse between clients.

(E) Verbal Abuse -- Referring to a client in the client's presence with profanity or in a demeaning, undignified or derogatory manner.

(2) Complaints shall be filed with the head of the supervising facility as follows:

(A) Any person may make a verbal or written complaint to the head of the supervising department facility or any other department employee.



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(B) Any department employee, including employees receiving complaints under subsection (A) of this section, who has reasonable cause to believe that a client of a community placement facility has been subjected to physical abuse, sexual abuse, Class I Neglect, Class II Neglect or verbal abuse while under the care and supervision of a community placement facility shall immediately complete and file a complaint with the head of the supervising department facility on DMH Form 8108. Failure to report is cause for disciplinary action or criminal prosecution or both.

(3) If an incident or suspected incident of physical abuse, Class I Neglect or sexual abuse occurs to a minor, then the department employee receiving the complaint or having knowledge of the incident shall immediately report the incident to the Division of Family Services on the toll-free hotline (800-392-3738), in addition to reporting as set out in section (2).

(4) Upon receiving a complaint, the head of the supervising facility shall:

(A) immediately report the complaint to the appropriate licensing agency(ies), and all supervising facility heads who have clients in the community placement facility and send a copy of the complaint to the department central office client rights monitor;

(B) take necessary action to protect the safety or welfare of department clients in the community placement facility, which may include removing department clients from the facility, upon receipt of the complaints;

(C) within five (5) days after receiving the complaint, send a letter acknowledging the receipt of the complaint to the person who filed the complaint;

(D) initiate an investigation as follows:

1. Investigations of all complaints of sexual abuse, physical abuse or Class I Neglect shall be initiated immediately.

2. Investigations of Class II Neglect or verbal abuse shall be initiated within twenty-four (24) hours.

3. Investigations shall include, but not be limited to, signed written statements from all persons with information regarding the complaint including witnesses, victims or alleged perpetrators.

4. The investigation of each complaint shall be completed in a timely manner.

(5) The head of the supervising department facility shall cause to have a medical examination completed as soon as possible by a licensed physician or registered nurse, if a physician is not available, on any client named in a complaint of physical abuse, sexual abuse or Class I Neglect. A copy of the examination shall be placed in the client's



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record. Any abuse or neglect resulting or suspected of resulting in physical injury shall be reported immediately to the appropriate law enforcement agency.

(6) After completion of the investigation, a findings of fact with the recommendation of the person in charge of the investigation shall be reported to the head of the supervising department facility. The head of the facility shall make disposition of the complaint and immediately send a copy of the finding of fact and disposition to the department central office client rights monitor and division director.

(7) The head of the supervising department facility may decide to dispose of the complaints in the following manner:

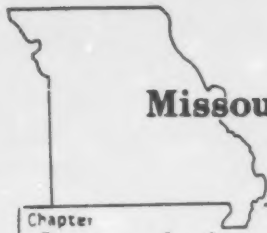
(A) If the complaint is unsubstantiated, continue normal contact by the community placement workers.

(B) If the complaint is substantiated and the community placement facility has appropriately resolved the complaint to the satisfaction of the supervising department facility, contacts by the community placement workers may be increased for a reasonable period.

(C) If the complaint is unsubstantiated by the investigation, but there appears to be some validity in the complaint, community placement workers shall increase their contacts for a designated period.

(D) Complaints which are substantiated by the investigation but are not appropriately resolved by the community placement facility shall result in all Department of Mental Health clients being withdrawn from the facility.

(8) The complaint reports shall be confidential. The name of the complainant and other persons mentioned in the complaint shall not be disclosed except as necessary to process a complaint under this DOR, unless the complainant requests disclosure or for judicial proceedings. The supervising department facility shall consult the facility's attorney before disclosing the reports.



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Chapter	Subchapter	Effective Date	Number of Pages	Page Number
Program Implementation and Records	Clinical Standards and Procedures	12/1/82	6	1
Subject		Authority	History	
Use of Restraints and Time Out		§630.050, RSMO	Rescinds MR/DD Compliance with O.R. 133	

PURPOSE: Prescribes policy on the use of physical and chemical restraints and time out.

APPLICATION: Applies to the Division of Mental Retardation and Developmental Disabilities.

(1) As used in this DOR, unless the context clearly requires otherwise, the following terms shall mean:

(A) "Physical restraints," any physical intervention, mechanical device or mechanical restraint used to restrict the movement of a client or the movement or normal function of a portion of the individual's body, excluding only devices used to provide support for the achievement of functional body position or proper balance, and devices used for specific medical and surgical (as distinguished from behavioral) treatment. Physical restraints shall include techniques such as the baskethold and mechanical devices such as cuffs, posey belt, totally enclosed crib and barred enclosures.

(B) "Chemical restraints," behavior modifying drugs prescribed or administered for the purpose of modifying behavior including major and minor tranquilizers (neuroleptic and anxiolytic drugs) and antidepressants (imipramine-type drugs, monoamine oxidase inhibitors and psychomotor stimulants). Chemical restraints do not include drugs that may have behavior modifying effects but that are not prescribed or administered for that purpose, (e.g., anticonvulsants).

(C) "Time out," temporary exclusion or removal of a client from positive reinforcement. It is a behavior modification procedure in which, contingent upon the clients emission of undesired behavior, the client is removed from the situation that affords positive reinforcement.

(D) "Seclusion," the placement of an individual alone, in a room or other area from which egress is prevented, and not under observation as part of a systematic time-out program that meets all applicable standards.

(E) "Qualified personnel," staff members who are actively involved in, and qualified to participate in, therapeutic services including developmental assistants, psychologists, professional therapists and assistants, education assistants, activity aides, special education teachers, nursing and medical personnel and unit program supervisors. Qualified personnel do not include staff whose primary responsibilities involve business and clerical activities.

(F) "Qualified mental retardation professionals," the following staff, who have been designated by the head of the facility or center to determine the necessity for physical restraints:



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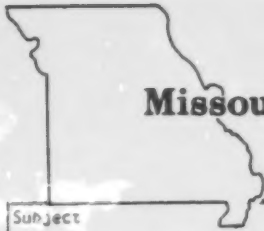


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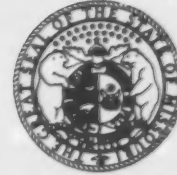
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1. A psychologist with at least a master's degree from an accredited program and with specialized training or one (1) year of experience in treating the mentally retarded.
 2. A physician licensed under state law to practice medicine or osteopathy and with specialized training or one (1) year of experience in working with the mentally retarded.
 3. An educator with a degree in education from an accredited program and with specialized training or one (1) year of experience in working with the mentally retarded.
 4. A social worker with a bachelor's degree in social work from an accredited program, or a bachelor's degree in a field other than social work and at least three years social work experience under the supervision of a qualified social worker, and with specialized training or one (1) year of experience in working with the mentally retarded.
 5. An occupational therapist capable of securing a state license, or certificate, and who has specialized training or one (1) year experience in treating the mentally retarded.
 6. A physical therapist capable of securing a state license, or certificate, and who has specialized training or one (1) year of experience in treating the mentally retarded.
 7. A speech pathologist or audiologist capable of securing a state license or certificate and who has specialized training or one (1) year of experience in treating the mentally retarded.
 8. A registered nurse who has specialized training or one (1) year or experience in treating the mentally retarded.
 9. A therapeutic recreation specialist who is a graduate of an accredited program and who has specialized training or one (1) year of experience in working with the mentally retarded.
- (2) Department mental retardation facilities and regional centers shall not use seclusion.
- (3) Each department mental retardation facility and regional center shall have written policies for the use of restraints and time out procedures, which may prescribe more but not less stringent requirement for their use than those provided in this DOR. Facility policies are subject to review by central office.
- (4) In an emergency where there is imminent danger or potential harm to a client or other persons, qualified personnel or a qualified mental retardation professional may use physical intervention to restrain a client.



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(A) Techniques used to physically restrain residents are limited to those approved by a facility review committee and determined not to cause undue physical discomfort, pain or injury to a client.

(B) The physical restraint technique shall be used only in a manner which minimizes the possibility of physical injury to the client and causes the least possible discomfort.

(C) Physical restraint techniques that interfere with breathing (e.g., sitting on a client) shall not be used in any department mental retardation facility or regional center.

(D) Instances in which physical intervention is used to restrain a client shall be documented on DMH Form 7810.

(E) Any improper use of a physical restraint technique or any excess application of force shall be considered abuse and is cause for disciplinary action against the guilty employee.

(5) Mechanical restraints and chemical restraints may be used to prevent a client from injuring self or others only after other available less restrictive techniques (e.g. counselling, response cost, positive reductive procedures, stimulus change) have been attempted, and a qualified mental retardation professional has determined and documented in the client's record that other less restrictive alternatives have been systematically tried and are inadequate to control the client's aggressive behavior.

(A) Restraints shall not be used for the convenience of staff, as a substitute for a program or as punishment.

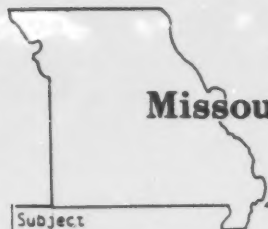
(B) Restraints shall not be used in a manner that causes undue physical discomfort or pain to the client.

(6) Where the interdisciplinary team plans to use physical and/or chemical restraints, the team shall design their use in the individual habilitation plan to lead to a less restrictive way of managing and ultimately to eliminating the behavior necessitating the restraint.

(A) The habilitation plan shall include the following information:

1. behavior to be eliminated
2. less restrictive methods used
3. current method to be used
4. schedule for use of the method
5. person responsible for the program
6. data to be collected to assess progress toward the objectives.

(B) The facility or center behavior management committee, client rights review committee and the client's parent or guardian as appropriate shall review and approve the plan before implementation.



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(7) Clients may be mechanically restrained only after a written order has been made by a qualified mental retardation professional.

(A) Written orders for any restraints shall be time limited and for no longer than twelve (12) hours.

(B) Written orders shall be placed in the client's record and shall contain at least the following information:

1. brief description of the behavior necessitating restraint;
2. type of restraint used;
3. the time when the order was written;
4. the time when the restraint was first used;
5. criteria for the discontinuation of the restraint;
6. discontinuation time for the use of restraints, which

shall be within twelve (12) hours of the time of initial use of the restraint.

(C) A client may be restrained for longer than twelve (12) consecutive hours only after a qualified mental retardation professional has again observed the client, assessed the necessity for continued restraint and written a new order. All of the conditions set out in this section also apply to new restraint orders documented as set out in section (7)(B).

(D) Standing, or PRN orders for restraints shall not be used.

(8) In an emergency in which an on-site physician is not available, only a registered nurse or a qualified licensed practical nurse may administer chemical restraints to a client and only after receiving an oral order from an authorized physician.

(A) The documentation of such orders shall include the following:

1. name of physician who gave the order;
2. name of nurse who received the order;
3. name of nurse who actually carried it out.

(B) The person administering the chemical restraints shall document the information required in (A) and the physician's oral order in the client's record or equivalent record including the information required for orders under section (7)(B).

(C) The oral order shall be signed by a physician as soon as possible after the initial administration of the restraints.

(9) In an emergency, as defined in section (4), qualified personnel may initiate mechanical restraint procedures provided a qualified mental retardation professional is immediately notified. The qualified mental retardation professional shall observe the client and evaluate the situation within thirty (30) minutes from the time restraints were initiated.



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(10) While a client is in mechanical restraints, the following procedures shall be used:

(A) Qualified personnel shall observe the client at least every fifteen (15) minutes, chart the client's physical and behavioral condition at each observation and take necessary action to ensure that appropriate care and treatment of the client is maintained and documented in the client's file including bathing, regular meals, use of the toilet, exercise and fluid intake.

(B) An opportunity for motion and exercise shall be provided for a period of not less than ten (10) minutes during each two (2) hours in which the restraint is employed.

(C) Qualified personnel shall post the names of clients in mechanical restraints in a central area so it is visible and accessible to all personnel.

(11) The written policies of the facility or regional center governing the use of time-out procedures shall provide for at least all of the following:

(A) Qualified personnel may place a client in time out only under conditions set out in a written behavior modification program. The program shall be reviewed and approved by the following committees and persons:

1. facility or regional center's behavior management committee;
2. facility or regional center's client rights review committee;
3. client or the client's family, or legal guardian as appropriate.

(B) Time out shall be used only during the conditioning program and only under the direct observation of the staff responsible for conducting the program.

(C) Time out shall not be for more than one (1) hour, except in extraordinary instances (during initial stage of program) that are personally approved at the time of occurrence by a member of the client's interdisciplinary team.

(D) The date, time and duration of each time-out period shall be documented in the client's file.

(E) Key locks shall not be used to confine clients to rooms for time out.

(12) Qualified personnel shall report immediately each incident of restraint on the automated Injury and Incident Report, DMH Form 7810, and give copies of the completed forms daily to the head of the facility.

(13) The client's individual habilitation team shall review each incident of restraint to assess the appropriateness of the use of restraints. In its review the team shall also consider the current appropriateness of the client's individual habilitation plan.



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(14) Each facility and regional center shall have a behavior management committee with representation from administration, medical service, nursing service, client or client rights review committee or board and other persons as may be designated by the head of the facility or regional center. The behavior management committee shall:

- (A) review the utilization of restraints on a monthly basis;
- (B) review annually the facility policies on restraints and time-out procedures to determine their effectiveness and recommend any changes to the head of the facility or regional center;
- (C) identify and approve physical restraint procedures for use in the facility or regional center.

(15) The facility or regional center shall provide in-service training on the proper use of the approved physical restraint techniques.

(16) The head of the facility or regional center shall give the division director copies and any changes in facility policies on restraints and time-out procedures on an annual basis or as otherwise required by the division director for approval.



Missouri Department of Mental Health



RESIDENT RIGHTS AND PRIVILEGES

YOU SHALL BE ENTITLED TO THE FOLLOWING WITHOUT LIMITATION:

To have private visits from your lawyer, doctor, or clergyman at reasonable times;

To correspond by sealed mail with officials of the Department of Mental Health, your lawyer, or a court;

To have humane care and treatment;

To the extent that the facilities, equipment, and personnel are available, to medical care and treatment in accordance with the highest standards accepted in medical practice;

To have safe and clean housing;

To attend religious services;

To receive prompt evaluation, care and treatment, habilitation or rehabilitation;

To have your treatment, rehabilitation or habilitation plan explained to you;

To be treated with respect;

To be a subject of an experiment only with your consent or the consent of the person legally authorized to act for you;

To have your private doctor examine you at your own expenses;

To be evaluated and cared for in the least restrictive place;

To refuse hazardous treatment or surgery unless ordered by a court;

To request and have a second opinion before hazardous treatment or irreversible surgery, except in emergencies;

To have nourishing, well-balanced meals;

To not work unless part of your treatment, rehabilitation, or habilitation;

To be free from verbal or physical abuse;

To have your records kept confidential;

Unless otherwise stated by law, you have the same legal rights and responsibilities as any other citizen; and

This facility cannot deny admission or services to you because of your race, sex, creed, marital status, national origin, handicap or age.

THE FOLLOWING RIGHTS AND PRIVILEGES MAY BE LIMITED IF NECESSARY AS DOCUMENTED IN YOUR RECORD:

To wear your own clothes and use your own personal things;

To keep some spending money for canteen expenses and small purchases;

To send and receive mail;

To have visitors at reasonable times;

To use the telephone at reasonable times;

To see your records;

To have physical exercise and outdoor recreation;

To have access to current newspapers, magazines, and radio and television programming; and

To be free from chemical or physical restraint, seclusion, or isolation.

IF YOU BELIEVE YOU HAVE BEEN PHYSICALLY OR VERBALLY ABUSED OR NEGLECTED, YOU MAY FILE A COMPLAINT WITH THE PERSON IN CHARGE OF YOUR UNIT. AN INVESTIGATION OF YOUR COMPLAINT WILL BE INITIATED IMMEDIATELY.

IF YOU BELIEVE ANY OF THESE POSTED RIGHTS HAVE BEEN VIOLATED, YOU MAY FILE A GRIEVANCE WITH THE PERSON IN CHARGE OF YOUR UNIT. AN IMPARTIAL REVIEW SHALL BE CONDUCTED OF YOUR GRIEVANCE.

IN ADDITION TO FILING A COMPLAINT OR GRIEVANCE WITH THE PERSON IN CHARGE OF YOUR UNIT, YOU MAY MAIL A COPY OF YOUR COMPLAINT OR GRIEVANCE TO THE CLIENT RIGHTS MONITOR WHOSE ADDRESS IS BELOW.

Grievances, complaints and their dispositions will be monitored by the Client Rights Monitor,
Missouri Department of Mental Health, P. O. Box 687, Jefferson City, Missouri 65102

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT I : Introduction

INFORMATION TOPIC: I-2

INTERACTION ITEMS: (Review Items)

1. What are other examples of medical/legal problems?
2. What are other examples of resident's rights?
3. How do developmental trainees report abuse and/or neglect?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES:

1. Describe the complaint procedure of the facility in which you work.
2. Role play some situations which involve legal/ethical conduct.
 - a. You have just witnessed a co-worker slap a resident who is resisting her efforts to get him to bed.
 - b. One of your residents is making repeated attempts to go out-of-doors. In order to keep him/her safe while you give care to another, you tie him/her to a chair.
3. Role play some situations that involve resident's rights.
 - a. A visitor has just given a resident a twenty dollar bill. You know this person cannot manage it safely.
 - b. A husband is visiting his wife who is a resident. The door to the room is closed and you need to put clean laundry away in her closet.

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT 1 : Roles and Responsibilities

ANSWERS TO EVALUATION ITEMS

I. Matching

Match the terminology with the correct medical/legal problem.

- | | |
|------------|-----------------------------|
| a. Assault | d. False imprisonment |
| b. Battery | e. Invasion of privacy |
| c. Consent | f. Privileged communication |

- d 1. Holding a person against his/her will
- e 2. Unnecessary exposure of a resident while preparing to assist with a shower
- a 3. Telling the resident he/she will be punished if he/she doesn't do as told
- c 4. Permission from the resident's guardian for the resident to receive a certain treatment
- b 5. Slapping the resident when he/she doesn't do as told
- f 6. Discussing the resident's condition with other members of the habilitation team

II. True - False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

- T 1. The facility has the right to open the resident's mail if the IHP team documents the necessity.
- F 2. The resident and/or guardian can bring medications for the resident from home.
- T 3. The resident has the right to be evaluated and cared for in the least restrictive environment.
- T 4. The resident has the right to have nourishing meals and safe, clean housing.
- T 5. The facility where the resident resides is obligated to provide humane care and treatment.
- F 6. The resident has the right to play his/her radio in his/her own room as late as s/he wants.

III. Abuse and neglect reporting

1. What information should you include when reporting suspected abuse and/or neglect?

The report of suspected abuse or neglect should include the names of clients and employees involved, the nature of the injuries and the facts and circumstances surrounding the alleged abuse or neglect. (Follow facility guidelines for specific report process.)

2. How soon after it occurs should you report suspected abuse and/or neglect?

All incidents should be reported immediately. (Follow facility guidelines for specific process.)

3. To whom should you report suspected abuse and/or neglect?

Answer may vary - follow facility guidelines.

LESSON PLAN: 3

COURSE TITLE: Basic Paraprofessional Training

UNIT 1 : Roles and Responsibilities

SCOPE OF UNIT:

This unit covers an overview of the course, the role of the developmental assistant relative to the interdisciplinary treatment team, legal aspects of resident care and the IHP process.

INFORMATION TOPIC: I-3

ROLE OF THE DEVELOPMENTAL ASSISTANT
IN THE ADMISSION OF THE RESIDENT
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Identify the psychological safety needs of the newly-admitted resident to a developmental disabilities facility.
2. Identify actions of the developmental assistant in performing physical tasks and providing emotional support.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Facility guidelines and forms for the admission procedure.

INFORMATIONAL ASSIGNMENT:

Review facility guidelines and forms for admission.

REFERENCES: (Instructor's Additional Information)

Haneburth, Lorna S., Ehrhart, Mary K. and Peltzer, John T. Nursing Assistant and the Long-Term Health Care Facility. Scranton, PA: Harper and Row Co., 1979.

Reese, Dorothy Erickson. How To Be A Nurse's Aide In A Nursing Home. Washington, D.C.: American Health Care Association, 1976. p. 53.

INTRODUCTION:

Admission to a developmental disabilities facility can be very distressing for a resident and his/her family. Usually, admission occurs when the resident and family have exhausted their usual methods of coping. At the time of admission, the resident may be experiencing many emotions ranging from anger at self and/or family to relief and a sense of security. As a developmental assistant, you are in a position to decrease the stress of an admission for both the resident and family.

LESSON PLAN: 3

COURSE TITLE: Basic Paraprofessional Training

UNIT I : Introduction

INFORMATION TOPIC: I-3

OUTLINE: (Key Points)

- I. Need for psychological safety
 - A. Resident faces many stresses.
 - B. Resident may feel unsafe, insecure, and angry.
- II. Role of the developmental assistant
 - A. Perform physical tasks
 - B. Provide emotional support
- III. Points to remember
 - A. Be friendly; introduce yourself.
 - B. Call the resident by name.
 - C. Bring the resident to the assigned room and show him/her around (bathroom, bed, night light).
 - D. Introduce the resident to other residents and staff.
 - E. Offer to assist with unpacking and storing belongings.
 - F. Explain the time of meals, types of activities and any other important information.
 - G. Take resident's vital signs (B.P., T.P.R., wt., and ht.).
 - H. Report observations to supervisor regarding resident's physical, emotional, and social condition.
 - I. Answer family's/guardian's questions. Refer questions you are unsure about answering to your supervisor. Explain visiting hours and other facility policies.
 - J. Take the resident/family/guardian on a tour of the area where he/she will be staying.
 - K. Tell the resident when you will return to see him/her. Do not leave resident alone if he/she seems very anxious.

(NOTE: Some residents may require precautions for elopement. If so, follow your facility guidelines.)

IV. Summary and conclusion

- A. Needs for psychological safety
- B. Role of the developmental assistant
- C. Points to remember

As a developmental assistant, you will be in a key position for helping the newly admitted resident adjust to his/her new home. The resident's adjustment may be easier if you follow the suggestions discussed in today's lesson.

LESSON PLAN: 3

COURSE TITLE: Basic Paraprofessional Training

UNIT 1 : Introduction

INFORMATION TOPIC: I-3

INTERACTION ITEMS: (Review Items)

1. What are the psychological safety needs of the newly-admitted resident?
2. What are the important points to remember when admitting a resident?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Role play greeting a new resident and orienting him/her to the facility.
2. Review the facility guidelines and complete the necessary forms for an admission.

LESSON PLAN: 3

COURSE TITLE: Basic Paraprofessional Training

UNIT 1 : Roles and Responsibilities

ANSWERS TO EVALUATION ITEMS

True - False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

- T 1. The need for physical and psychological safety is probably the greatest for the newly admitted resident.
- F 2. It is best to leave the resident alone for several hours until he/she becomes used to the surroundings.
- F 3. The DA should wait to introduce the resident to other staff and residents after he/she has been in the facility a day or two.
- T 4. The DA plays a major role in helping the resident become adjusted to his/her new home.
- T 5. It is very likely that the resident will feel frightened and insecure when first admitted.

Place a check (✓) next to those duties which are the DA's responsibilities in admitting the resident:

- ✓ 1. Take vital signs
- ✓ 2. Measure height and weight
- 3. Begin the habilitation plan
- 4. Assess the health status of the resident
- ✓ 5. Observe the resident's physical, emotional, and social condition
- 6. Order medications
- 7. Give medications prescribed by the physician
- 8. Give medications brought from home because they are due at the time resident arrives at the cottage.
- ✓ 9. Take the resident and family/guardians on a tour of the area where the resident will be staying.
- ✓ 10. Report and record observations.

LESSON PLAN: 4

COURSE TITLE: Basic Paraprofessional Training

UNIT 1 : Roles and Responsibilities

SCOPE OF UNIT:

This unit covers an overview of the course, the role of the developmental assistant relative to the interdisciplinary treatment team, legal aspects of resident care and the IHP process.

INFORMATION TOPIC: I-4

THE IHP PROCESS
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Describe the individualized habilitation plan.
2. List the components of the individualized habilitation plan.
3. Match the role of the interdisciplinary team members with the correct job title.
4. Recall the role of the developmental assistant.
5. List six IHP program plans.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Videotape of mock staffing (available from SLDDTC)
2. VTR and Monitor
3. HO 1: Observable Behaviors
4. HO 2: Sample Behavioral Objective with Task Analysis

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCE: (Instructor's Additional Information)

IHP Manual

Current DOR regarding the IHP process

INTRODUCTION:

ICF-MR, AC/MRDD, and PL 94-142 regulations mandate that the progress of each resident be reviewed by the members of an interdisciplinary team; DMH has also mandated that a plan which outlines specific goals and objectives must be developed in order to accurately and objectively evaluate the progress of the resident. This provides a "blueprint" for the team members as they prioritize the resident's needs and develop programs designed to meet those needs. This plan is known as the Individualized Habilitation Plan or IHP. In this lesson, we will discuss the development of the IHP.

LESSON PLAN: 4

COURSE TITLE: Basic Paraprofessional Training

UNIT 1 : Introduction

INFORMATION TOPIC: I-4

OUTLINE: (Key Points)

- I. What is an Individualized Habilitation Plan (IHP)?
 - A. An IHP is a single comprehensive program plan which identifies the total developmental needs of the resident.
 1. Takes into account resident strengths and needs
 2. Designed to promote resident independence
 - B. The IHP is developed by the interdisciplinary team to:
 1. Consider the strengths and needs of the resident.
 2. Set priority of resident needs.
 3. Develop programs addressing resident needs.
 4. Assign responsibilities for the development, implementation and monitoring of programs.
 5. Evaluate resident's progress and revise the habilitation plan.
 - C. The IHP process begins on admission and is reviewed routinely. (Discuss facility regulations regarding IHP review.)
 - D. The IHP is developed in team "staffings."
 1. Each interdisciplinary team member participates.
 2. Each team member prepares a report and presents it in summary form to the interdisciplinary team for their review and consideration.

II. Components parts of the Individualized Habilitation Plan

A. IHP face sheet includes:

1. Demographic information
2. List of participants and their signatures.

B. Assessment and evaluation information includes review of progress on existing goals and objectives and preliminary records.

1. Health care
2. Social
3. Psychological/psychiatric
4. Educational/vocational
5. Speech and language
6. Developmental
7. Allied health assessments (optional)
8. Input from individuals not in attendance at the conference (optional)

C. Statement of strengths and needs includes:

1. Review of progress
2. Statement of client strengths:
 - a. Acquired skills
 - b. Accomplishments
 - c. Things s/he does well, enjoys doing
 - d. Reinforcers
3. Statement of client needs:
 - a. Developmental skills or behaviors to be acquired or increased
 - b. Statements should not describe behaviors to be reduced or eliminated.
4. Needs are prioritized.

D. Goals and Objectives includes:

1. Goal statement
2. Behavioral objective
 - a. State clearly and precisely what the person is expected to learn.
 - b. Must meet five criteria:
 - 1) WHO is going to learn the behavior.
 - 2) WHAT is the behavior to be performed.
 - 3) WHEN is the behavior to be performed.
 - 4) HOW OFTEN is the resident to perform the behavior.
 - 5) BY WHAT DATE is the objective to be accomplished.
3. Task analysis
 - a. Describes the chain or sequence of behaviors needed to accomplish a task.
 - b. Each step specifies the exact behaviors to be performed in order to attain the stated behavioral objective.
 - c. Must be ordered to insure mastery of the behavioral objective.
4. Monitoring of developmental training program

E. Additional information and authorization

1. Preliminary assessment and records
2. Exceptions
3. General comments
4. Monitoring
 - a. Purpose: to provide assurance of the delivery of quality services
 - b. There are to be periodic reviews:
 1. 30 days
 2. 90 days

3. 180 days
4. Annually
5. Other times as requested by a member of the interdisciplinary team

F. Least restrictive environment statement describes:

1. Current placement situation
2. Criteria for moving client to next placement
3. Plans for movement

G. Program plans on file (Purpose and Role of the DA)

1. Health care
2. Social Service
3. Recreation
4. Post Institution
 - a. Purpose
 - b. Role of the developmental assistant
5. Education
 - a. Purpose
 - b. Role of the developmental assistant
6. Vocational Rehabilitation
 - a. Purpose
 - b. Role of the developmental assistant
7. Other

III. Interdisciplinary team members

A. Resident

1. Most important member of the team
2. Encourage and allow to participate as much as possible.

B. Parent/guardian/surrogate parent participates to ensure full protection of resident's best interests.

- C. Unit Program Supervisor/Case manager
 - 1. Supervises and coordinates all services received by the resident
 - 2. Acts as resident advocate
 - 3. Facilitates the staffing process
- D. Developmental Assistant
 - 1. Implements program plans
 - 2. Provides day-to-day care of residents
- E. Doctors, nurses, and dentists
 - 1. Monitor health/medical needs of residents
 - 2. Implement medical and health care services/plans
- F. Social Worker
 - 1. Serves as the main contact person between the resident and his/her family/guardian
 - 2. Acts as liason with community agencies
 - 3. Monitors residents' rights
- G. Psychologist
 - 1. Administers behavioral/psychological tests
 - 2. Develops behavioral plans
- H. Specialists
 - 1. Special education teachers
 - 2. Speech and language clinicians
 - 3. Physical therapists
 - 4. Recreational therapists
 - 5. Music therapists
 - 6. Occupational therapist
 - 7. Other

IV. The role of the developmental assistant is to participate in the:

- A. Collection, reporting, and recording of data
- B. Interdisciplinary team meetings
- C. Implementation of program plans

V. Summary and conclusion

- A. What is an individualized habilitation plan (IHP)?
- B. Component parts of the IHP
- C. Interdisciplinary team members and their roles
- D. The role of the developmental assistant

This lesson has provided you with information about the workings of an interdisciplinary team and the development of an individualized habilitation plan. This information will assist you as you implement IHP's and participate in staffings.

OBSERVABLE BEHAVIORS
(These behaviors are measurable)

Asks
Bathes
Bites
Brushes
Chews
Climbs
Combs
Cries
Dresses

Eats
Feeds self
Hits
Holds
Kicks
Looks at
Points to
Pulls
Puts

Runs
Says
Screams
Sits
Stacks
Swallows
Talks
Walks
Washes

IMPRESSIONS OF BEHAVIORS
(These behaviors cannot be measured)

Appears
Attempts
Concentrates
Cooperates
Demonstrates
Expresses
Hyperactive

Indicates
Interacts
Knows
Misbehaves
Self-abusive
Self-stimulating
Understands

SAMPLE BEHAVIORAL OBJECTIVE WITH TASK ANALYSIS

Behavioral Objective: The student will insert a circle in the shape-sorting box after attaining five consecutive positive responses on each step of the task analysis.

Step 1: Specify the objective.

The student will insert a circle in the shape-sorting box.

Step 2: Specify the student's entering behaviors.

The teacher gives the student an opportunity to perform the objective so that s/he can determine what s/he can do now. The teacher observes that the student can lift the circle and take it to the box. These behaviors are the student's entering behaviors.

Step 3: Sequence the steps that lie between the objective and the entering behaviors.

The goal is for the student to insert a circle in a shape-sorting box, and her/his entering behaviors are lifting the circle and taking it to the box. With the beginning and end of the task defined, the question is, What steps lie between these two points? The teacher performs the task to ensure that no step is omitted from the task analysis. The teacher then lists each step after s/he performs it. This performance of the task shows that if the student can already lift the circle and take it to the box, s/he must then:

1. Place the circle on top of the shape-sorting box.
2. Place the circle over or next to the appropriate inset.
3. Push the circle through the inset and into the box.

STAFFING QUESTIONNAIRE

The following questions are to be answered while you are viewing the videotape or immediately after viewing the videotape.

Individual being staffed. _____

Who conducted the staffing? _____

What disciplines participated? _____

In general, what do their reports consist of? _____

What information is contained in the Living Unit Report? _____

Who makes recommendations? _____

Are questions allowed? _____ When?

IDENTIFYING MEASURABLE TERMS

Check which sentences below are written in measurable terms: (Refer to HO 1 in completing this activity.)

- ___ 1. Steven throws tantrums every afternoon.
- ___ 2. Steven kicks his feet and cries.
- ___ 3. Christine hit Gary.
- ___ 4. David is angry.
- ___ 5. The baby is unhappy.
- ___ 6. John is aware of his extremities.
- ___ 7. Mary has a hard time feeding herself.
- ___ 8. Mary spills half of each spoonful of food at breakfast.
- ___ 9. Susan is crying.
- ___ 10. Jan points to the picture of the dog.

LESSON PLAN: 4

COURSE TITLE: Basic Paraprofessional Training

UNIT 1 : Introduction

INFORMATION TOPIC: I-4

INTERACTION ITEMS: (Review Items)

1. Define and describe IHP.
2. Why is it necessary to have an IHP?
3. Who develops the IHP?
4. What is a "staffing?"
5. How frequently does the interdisciplinary team meet?
6. Who makes up the interdisciplinary team?
7. What are measurable behavioral objectives?
8. What is a task analysis?
9. Why are behavioral objectives and a task analysis important?
10. Give examples of program plans.

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. View the videotape of the mock staffing and complete the Staffing Questionnaire.
2. Complete Activity #2: Identifying Measurable Terms.

LESSON PLAN: 4

COURSE TITLE: Basic Paraprofessional Training

UNIT I : Introduction

ANSWERS TO EVALUATION ITEMS

I. Describe the IHP

d 1. The IHP is a:

- a. regulations manual used by the facility
- b. health care plan for the resident
- c. guide which defines the role of the IHP team members
- d. comprehensive program plan for the resident

e 2. The IHP is developed by:

- a. Social worker
- b. Registered nurse
- c. Teacher
- d. Unit program supervisor
- e. Interdisciplinary team

a 3. The IHP process begins:

- a. on admission
- b. on the second day of admission
- c. before admission
- d. as soon as a meeting can be held

b 4. Team meetings for developing the IHP are called:

- a. Quality circles
- b. Staffings
- c. IHP review meetings
- d. Administrative meetings

IV. Match the role of the interdisciplinary team members with the appropriate job title.

- | | |
|----------------------------|--------------------|
| a. Resident | e. Specialists |
| b. DA | f. Parent/guardian |
| c. Doctors, nurses | g. Social worker |
| d. Unit program supervisor | h. Psychologist |

- e 1. Includes special education teachers, physical therapists, and speech and language clinicians
- f 2. Participates to ensure the protection of the resident's best interests
- c 3. Monitors the health and medical needs of the resident
- b 4. Implements program plans and provides daily care of residents
- g 5. Serves as the main contact person between the resident and community
- h 6. Administers behavioral/psychological tests
- d 7. Supervises and coordinates all services received by the resident
- a 8. Most important member of the interdisciplinary team

V. What is the DA's role as a member of the IHP team?

- 1. Collect, report and record data
- 2. Participate in team meetings
- 3. Implement program plans

LESSON PLAN: ICOURSE TITLE: Basic Paraprofessional TrainingUNIT II : Interpersonal Relationships

SCOPE OF UNIT:

This unit is designed to teach the student basic skills in communication and interpersonal relationships. Emphasis will be placed on communicating with coworkers and the public, developing therapeutic relationships with residents, and understanding how culture affects behavior.

INFORMATION TOPIC: II-I

BASIC COMMUNICATION SKILLS
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Match the five elements of communication with the appropriate description.
2. Define verbal and nonverbal communication.
3. List six types of nonverbal communication.
4. Identify five barriers that prevent communication.
5. Identify five tips for effective listening.
6. Identify five factors for communicating effectively.
7. Demonstrate through role play the effective use of two techniques that will promote a therapeutic relationship.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Barriers and Roadblocks in Listening
2. HO 2: The Listening Techniques
3. HO 3: Ten Commandments for Good Listening
4. HO 4: Listen
5. HO 5: The Questioning Techniques
6. HO 6: Listening Skills Exercise
7. Trainex filmstrip PC #294: "Verbal Barriers to Communication"
8. Trainex filmstrip PC #293: "Effective Listening"
9. Trainex filmstrip PC #290: "Effective Speakers"
10. Trainex filmstrip PC #295: "Nonverbal Barriers to Communication"
11. Projector for Trainex

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Conahan, Judith. Helping Your Elderly Patients: A Guide For Nursing Assistants. New York: Tiresias Press Inc., 1976. pp. 67-75, 77-86.

Schulman, Eveline D. Intervention In Human Services. 2nd ed., St. Louis: C. V. Mosby Co., 1978.

Stevens, Marion Keith. Geriatric Nursing for Practical Nurses. 2nd ed., Philadelphia: W. B. Saunders Co., 1975. pp. 110-115.

Hays, Joyce Samhammer and Larson, Kenneth. Interacting With Patients. New York: The Macmillan Company, 1963.

INTRODUCTION:

Communication is always a two-way street consisting of a sender and a receiver and/or a speaker and a listener. As a developmental assistant, you will be communicating with the residents and allowing them to communicate with you. It is important that you remember communication as a means by which you and the residents reach one another. You must allow the residents to talk to you and you must listen very carefully to what they are saying. There are two types of communication - verbal and nonverbal. We will discuss both verbal and nonverbal communications in this lesson, as well as communication facilitators and barriers.

LESSON PLAN: I

COURSE TITLE: Basic Paraprofessional Training

UNIT II : Interpersonal Relationships

INFORMATION TOPIC: II-I

OUTLINE: (Key Points)

I. The five elements of communication

A. Sender

1. Source of information
2. May be a tape recorder, television, radio, or record player

B. Message - the information which is to be sent

C. Channel of transmission

1. If the message is spoken, it travels via sound waves to the listener.
2. If the message is written or gestured, it requires light.

D. Receiver - someone or something "hearing" the message

E. Response

1. A person tries to understand and respond to the message.
2. If the receiver is a machine, its response may be a click.
3. Feedback assists the sender in deciding if and how the message was received.

II. Verbal communication

A. Definition: Usually a voluntary act which transmits a message using a language.

B. Types of verbal communication

1. Using the telephone
2. Delivering and receiving messages

3. Greeting residents and visitors
4. Making appointments

III. Nonverbal communication

- A. Definition: Does not depend upon words. It expresses feelings or emotions in other ways.
- B. Types of nonverbal communication
 1. Facial expression (smile, frown, twist of the mouth, raised eyebrows)
 2. Gestures and body movements (a shrug of the shoulder, hand movements)
 3. Posture of the body (hunching over, standing straight)
 4. Tone of voice (sarcastic, friendly)
 5. Smells (the odor of excrement, the fragrance of cologne)
 6. Space (the distance between two people as they talk)
 7. Silence (approving, sympathetic, hostile)
 8. Touch (gentle, rough)

IV. Barriers that prevent communication

- A. Changing the subject
- B. Giving your own opinion about the person and his/her situation without being asked
- C. Belittling a person's feeling
- D. Seeming to be too busy
- E. Jumping to conclusions before you know the entire story
- F. Giving false or inappropriate reassurances
- G. Causing fear of an unpleasant response
- H. Assuming that the resident is impossible to understand
- I. Believing that you know what the resident means
- J. Defending the hospital and/or staff
- K. Disagreeing or agreeing with what the resident has said

- L. Approving or disapproving of the resident and/or his or her actions
 - M. Asking the resident to explain "why"
 - N. Responding to the resident with comments that are stereotyped
 - O. Giving advice
- V. How hearing and listening differ
- A. Hearing is defined as a passive awareness of sound.
 - B. Listening is defined as an active, conscientious attempt to hear what the message is and what it means.
 - C. Listening is an art and skill which involves control and mastery of the skill.
- VI. Tips for effective listening
- A. Concentrate and pay close attention to what is being said
 - B. Look at the person who is speaking
 - C. Be alert when listening
 - D. Try to put aside your own prejudices and values
 - E. Be empathetic (HO 2)
- VII. Barriers and roadblocks in listening
- A. On-off listening
 - B. Red-flag listening
 - C. Open ears - closed mind listening
 - D. Glassy-eyed listening
 - E. Too-deep-for-me listening
 - F. Matter-over-mind listening
 - G. Subject-centered instead of speaker-centered listening
 - H. Fact listening
 - I. Pencil listening
 - J. Hubbub listening (HO 1)
- VIII. Communicating effectively

- A. Show an interest in talking with the resident.
- B. Allow time for talking.
- C. Pace yourself to the speed at which the resident talks.
- D. Try to get at the person's eye level and stay within sight.
- E. Explore the reasons why communication is not occurring, if this is so.
- F. Remember that when you communicate you are not only conveying words but also your attitudes and feelings about yourself and others.
- G. Allow the resident to reminisce.
 - 1. A form of communication particularly helpful with the elderly
 - 2. A way of reviewing life and preparing for death
 - 3. An opportunity for the resident to recognize past successes

IX. Key points to remember in asking and answering questions

- A. Why residents ask questions
 - 1. To create security
 - 2. To test reality
 - 3. To gain attention
 - 4. To test personnel
 - 5. To gain information and collect data
- B. Answering direct questions
 - 1. Answer questions honestly.
 - 2. "Yes" and "no" should not have too much of an emotional tone involved.
 - 3. Be frank but tactful.
- C. Referral to other sources
 - 1. Doctor, nurse, counselor
 - 2. Priest, minister
 - 3. Social worker
 - 4. O.T. and R.T. workers

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- D. Techniques for asking questions (HO 5)
- X. Improving communication
 - A. Tone and manner
 - B. Timing of your response
 - C. Recognition of anxiety
 - D. Ward atmosphere
 - E. Make observations and verbalize these to the resident such as, "You appear tense."
 - F. Restate in different words what the resident has said.
 - G. Reflect back on what was said by saying, "You were saying."
 - H. Remain open-minded; don't be judgemental.
 - I. Be honest.
- XI. Undesirable topics of communication
 - A. Personal incidents
 - 1. Breaks therapeutic relationship
 - 2. Puts relationship on a "friendship" basis
 - 3. Information could be used destructively
 - B. Religion
 - 1. Refer questions to a more qualified person.
 - 2. Resident may use religion to disguise the real problem.
 - 3. Resident may read "personal" meaning into scripture.
- XII. Summary and conclusion
 - A. Elements of communication
 - B. Verbal communication
 - C. Nonverbal communication
 - D. Barriers to communication

- E. How hearing and listening differ
- F. Tips for effective listening
- G. Barriers and roadblocks in listening
- H. Communicating effectively
- I. Key points to remember in asking and answering questions
- J. Improving communication
- K. Undesirable topics of communication

In today's lesson, we have discussed many aspects of communication which include facilitators and barriers. Remember, in order to be a helping person you must learn to communicate with the resident. If at any time you have difficulty communicating with the resident, try to determine the cause of the lack of communication. Is it due to some disorder which the resident has, or is it due to your communication?

BARRIERS AND ROADBLOCKS IN LISTENING

Here is a list of poor listening habits, based on the research of Dr. Ralph Nichols, together with some suggestions as to how these habits might be corrected.

1. **On-off listening.** This unfortunate habit in listening arises from the fact that most individuals think about 4 times as fast as the average person speaks. Thus, the listener has (3/4) of a minute of spare thinking time to think about his/her own personal affairs, concerns, and troubles instead of listening, synthesizing and summarizing what the speaker has to say.
2. **Red-flag listening.** To some individuals words are like the proverbial red flag to the bull. When we hear them we get upset and stop listening. These terms vary in every organization. However, to some individuals the terms "communist," "budget," "main office," "new procedure" and the like are signals to which we respond almost automatically. When this signal comes in, we tune out the speaker. We lose contact with the speaker and fail to develop an understanding of the individual.
3. **Open ears - closed mind listening.** Sometimes we decide rather quickly that either the subject or the speaker is boring and what is said makes no sense. Often we jump to conclusions that we can predict what the speaker knows or will say; thus, we conclude, there is no reason to listen because we will hear nothing new if we do. It is much better, of course, to listen and find out for sure whether or not this is true.
4. **Glassy-eyed listening.** Sometimes we look at a person intently, and we almost seem to be listening although our minds may be on other things or on far distant places. We drop back into the comfort of our own thoughts. We get glassy-eyed and a dreamy expression often appears on our faces. We can tell when people look at us this way. Similarly, they can see the same in us and we're not fooling anyone. Such wool-gathering should be postponed for other times.
5. **Too-deep-for-me listening:** When we are listening to ideas that are too complex and complicated, we should force ourselves to follow the discussion and make a real effort to understand it. It is possible, of course, that we might find the subject and speaker quite interesting when we listen and understand what is being said.
6. **Matter-over-mind listening:** People do not like to have their pet ideas, prejudices and points of view overturned. Many do not like to have their opinions and judgments challenged. Consequently, when a speaker says something that clashes with what we think, believe, and value - then we may unconsciously stop listening or even become defensive and plan a counter-attack. Even if we want to do this, it is better to listen, to find out what the speaker thinks so we can do a better job of understanding and replying.

7. **Be subject-centered instead of speaker-centered.** We should concentrate on the message and not the speaker. If we pay too much attention to what the speaker says or how it is said, then we may not get the message and understand its meaning.
8. **Fact listening.** As we listen to people, we often try to remember the facts and repeat them over and over again to drive them home. As we do this, frequently the speaker has gone on to new facts and we lose them in the process. It is best to try to remember only the most important facts and the main ideas. It is a fundamental principle of learning that facts will not be remembered unless they are used. If you have the key facts, you can usually fill in the intermediate ones, anyway.
9. **Pencil listening.** When you try to put down on paper everything the person says, then you are bound to lose main ideas because the speaker's words come out faster than you can write them. It is best to jot down only the key words in outline form which will give you a list of main ideas.
10. **Hubbub listening.** Usually there are many distractions when we listen - noise, movement of people, or other matters clamoring for our attention. We must practice tuning out these distractions and concentrating on what the speaker is saying.

Source unknown.

THE LISTENING TECHNIQUES

TYPES	PURPOSE	EXAMPLES
1. Clarifying	1. To get at additional facts 2. To help him explore all sides of a problem	1. "Can you clarify this?" 2. "Do you mean this...?" 3. "Is this the problem as you see it now?"
2. Restatement	1. To check our meaning and interpretation with his 2. To show you are listening and that you understand what he is saying 3. To encourage him to analyze other aspects of matter being considered and to discuss it with you	1. "As I understand it then your plan is..." 2. "This is what you have decided to do and the reasons are..."
3. Neutral	1. To convey that you are interested and listening 2. To encourage person to continue talking	1. "I see" 2. "Uh-huh" 3. "That's very interesting" 4. "I understand"
4. Reflective	1. To show that you understand how he feels about what he is saying 2. To help person to evaluate and temper his own feelings as expressed by someone else	1. "You feel that..." 2. "It was a shocking thing as you saw it." 3. "You felt you didn't get a fair shake."
Summarizing	1. To bring all the discussion into focus in terms of a summary 2. To serve as a spring board for further discussion on a new aspect or problem	1. "These are the key ideas you have expressed..." 2. "If I understand how you feel about the situation..."

TEN COMMANDMENTS FOR GOOD LISTENING

1. **Stop Talking!**
You cannot listen if you are talking.
Polonius (Hamlet): "Give every man thine ear, but few thy voice."
2. **Put The Talker At Ease**
Help him/her feel he/she is free to talk. Provide what is often called a "permissive environment."
3. **Show Him/Her That You Want To Listen.**
Look and act interested. Do not read your mail while he/she talks.
Listen to understand rather than to reply.
4. **Remove Distractions**
Don't doodle, tap or shuffle papers.
Will it be quieter if you shut the door?
5. **Empathize With Him/Her**
Try to put yourself in his/her place so that you can see his/her point of view.
6. **Be Patient**
Allow plenty of time. Do not interrupt him/her.
Do not start for the door or walk away.
7. **Hold Your Temper**
Any angry man/woman gets the wrong meaning from words.
8. **Go Easy On Argument and Criticism**
Do not put him/her on the defensive. He/she may "clam up" or get angry.
Do not argue: even if you win, you lose.
9. **Ask Questions**
Encourages him/her and shows you are listening.
It helps to develop points further.
10. **Stop Talking!**
This first and last, because all other commandments depend on it.
You just can't do a good listening job while you are talking.

Nature gave humans two ears but only one tongue, which is a gentle hint that they should listen more than they talk.

The major benefits of good listening are: -

1. A good listener can make better decisions because he/she has better information.
2. A good listener saves time because he/she learns more within a given period of time.
3. Listening helps the communicator determine how well his/her message is being received.
4. A good listener stimulates other to better speaking.
5. Good listening decreases misunderstanding.

Listen

When I ask you to listen to me
and you start giving advice
you have not done what I asked.

When I ask you to listen to me
and you begin to tell me why I shouldn't feel that way,
you are trampling on my feelings.

When I ask you to listen to me
and you feel you have to do something to solve my problem,
you have failed me, strange as that may seem.

Listen! All I asked, was that you listen.
not talk or do - just hear me.
Advice is cheap: 10 cents will get you both Dear Abby and
Billy Graham in the same newspaper.
And I can do for myself; I'm not helpless.
Maybe discouraged and faltering, but not helpless.

When you do something for me that I can and need to do
for myself, you contribute to my fear and weakness.

But, when you accept as a simple fact that I do what I feel,
no matter how irrational, then I can quit trying to convince
you and get about the business of understanding what's
behind this irrational feeling.
And when that's clear, the answers are obvious and I
don't need advice.
Irrational feelings make sense when we understand what's
behind them.

Perhaps that's why prayer works, sometimes, for some people
because God is mute, and he doesn't give advice or
try to fix things. "They" just listen and let you
work it out for yourself.

So, please listen and just hear me. And, if you want to
talk, wait a minute for your turn; and I'll listen to you.

Anonymous

THE QUESTIONING TECHNIQUES TYPES OF QUESTIONS

TYPE	PURPOSE	EXAMPLES
1. Factual	1. To get information 2. To open discussion	1. All the "W" questions: what, where, why, when, who, and how?
2. Explanatory	1. To get reasons and explanations 2. To broaden discussion 3. To develop additional information	1. "In what way would this help solve the problem?" 2. "What other aspects of this should be considered?" 3. "Just how would this be done?"
3. Justifying	1. To challenge old ideas 2. To develop new ideas 3. To get reasoning and proof	1. "Why do you think so?" 2. "How do you know?" 3. "What evidence do you have?"
4. Leading	1. To introduce a new idea 2. To advance a suggestion of your own or others	1. "Should we consider this – as a possible solution?" 2. "Would this – be a feasible alternative?"
5. Hypothetical	1. To develop new ideas 2. To suggest another, possibly unpopular, opinion 3. To change the course of the discussion	1. "Suppose we did it this way... What would happen?" 2. "Another company does this... is this feasible here?"
6. Alternative	1. To make decision between alternatives 2. To get agreement	1. "Which of these solutions is best, A or B?" 2. "Does this represent our choice in preference to –?"

-
- | | | |
|------------------------|-------------------------|--|
| 7. Coordinating | 1. To develop consensus | 1. "Can we conclude that this is the next step?" |
| | 2. To get agreement | 2. "Is there general agreement then on this plan?" |
| | 3. To take action | |
-

Source Unknown

Listening Skills Exercise

Objective: This exercise is to test how well individuals listen when others are speaking. It also demonstrates how much we substitute our own information when factual information is missing.

1. Read the incident on the following page to the participants.
2. After you have read the incident once, have the participants answer the questions on the following page.
3. To prevent them from rereading the incident on the worksheet, ask them to fold the worksheet at the dotted line and answer the questions at the bottom portions of the dotted line.
4. After they have finished answering the questions, read the questions to them and have them show hands on the answers they gave.
5. This is a fun game and all will be surprised to see how many they got wrong. The answers are all FALSE.
6. Stress the importance of developing good listening skills.
7. Talk about how one may develop his or her listening skills.
8. Approximate total time: 15 minutes.

NOTES:

Listening Skills Exercise

Listening is a vital part of communication. To improve our listening skills is to enhance our ability to communicate and to understand others. We are told the average person speaks 120-150 words per minute and listens to 700-800 words per minute. The difference between the listening and the speaking rate is "lag-time." During lag time our minds drift off into something else. Listening is a skill that is learned and can be improved.

Exercise: The parent looked through the window and saw his child pulled up in front of the house. A few seconds later the parent heard: "I'm raped, I'm raped." Just then the frightened child walked into the home. It was exactly 4 p.m. when "I need help, I need help" was heard. Maintaining calmness and composure the parent calmed the child down and the police station was called. In five minutes a blue car arrived, his uncle, and later, the ambulance arrived, too.

Listening Quiz: From what you have heard, answer the following questions, true if the answer is in the story, and false if the answer is not in the story.

- | | | |
|-----|-----|---------------------------------------|
| T F | 1. | The child drove the car |
| T F | 2. | The child was a female |
| T F | 3. | The child was raped |
| T F | 4. | The parent called the police |
| T F | 5. | The police arrived in the blue car |
| T F | 6. | The parent was a female |
| T F | 7. | The student cried: "I'm raped" |
| T F | 8. | The parent cried: "I need help" |
| T F | 9. | The uncle arrived in the blue car |
| T F | 10. | The ambulance arrived in five minutes |
| T F | 11. | Both parents were at home |

LESSON PLAN: I

COURSE TITLE: Basic Paraprofessional Training

UNIT II : Interpersonal Relationships

INFORMATION TOPIC: II-I

INTERACTION ITEMS: (Review Items)

1. What is the difference between verbal and nonverbal communication?
2. What are six types of nonverbal communication?
3. Discuss the barriers that prevent communication.
4. Discuss what role self-awareness (values, attitude, feelings) play in therapeutic communication.
5. Why is listening so important to effective communication?
6. Give five points for communicating effectively.
7. What are some key points to remember in answering and asking questions?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Show filmstrips.
2. Role play the following techniques:
 - a. Reflective
 - b. Explanatory question
 - c. Coordinating question
 - d. Silence
 - e. Accepting
 - f. Giving recognition
 - g. Offering general leads
 - h. Restating
3. Play "Gossip." Begin with one student in room. Read a "sequence of events" to him/her relating an incident with residents and/or staff. It will need to have several different ideas. Then have the student repeat this "sequence of events" to the next one. Continue with this until all students have heard and repeated the sequence. Then have students compare stories.
4. Words with more than one meaning: Ask students for words that have more than one meaning and discuss how this creates misunderstandings in the communication process. Example - blue, fast, tough
5. Listening Skills Exercise (HO 6)

LESSON PLAN: I

COURSE TITLE: Basic Paraprofessional Training

UNIT II : Interpersonal Relationships

ANSWERS TO EVALUATION ITEMS

I. Define the following terms.

1. Verbal communication:

A voluntary act which transmits a message using language.

2. Nonverbal communication:

An expression of a message using such techniques as body language, gesturing, touch.

II. List six types of nonverbal communication

1. Facial expressions

2. Gestures and body movements

3. Body posture

4. Smells

5. Space

6. Silence

7. Touch

III. True and False

 F 1. Listening is an easy skill.

 T 2. Listening involves an interpersonal relationship with another person.

 F 3. Hearing is listening.

 T 4. It is especially important to use the nonverbal technique of touching when communicating with a blind resident.

 T 5. You should look at the person who is talking to you.

IV. Multiple Choice:

Each of the statements below is followed by several possible answers. Select the answer which completes the statements correctly, and place the letter of that answer in the space provided.

2 1. Which of the following are types of nonverbal communication?

- a. Facial expression
- b. Gestures and body movements
- c. Speech
- d. Touch

b 2. All but one of the following are barriers which prevent communication. Which one is not a communication barrier?

- a. Changing the subject
- b. Concentrating closely on what is being said
- c. Offering a personal opinion without being asked
- d. Belittling another's feelings

- 1. a, b, & c
- 2. a, b, & d
- 3. b, c, & d
- 4. a, c, & d

V. Matching

Match the term with the appropriate definition.

D 1. Sender

B 2. Receiver

A 3. Message

F 4. Transmission

C 5. Response

E 6. Feedback

A. Consists of two parts; the content and the intent

B. Receives and interprets the message

C. Message returned to sender

D. Transmits message and begins communication

E. Assists the sender in deciding if and how the message was received

F. Sending a message

LESSON PLAN: 2COURSE TITLE: Basic Paraprofessional TrainingUNIT II : Interpersonal Relationships

SCOPE OF UNIT:

This unit is designed to teach the student basic skills in communication and interpersonal relationships. Emphasis will be placed on communicating with coworkers and the public, developing therapeutic relationships with residents, and understanding how culture affects behavior.

INFORMATION TOPIC: II-2

COMMUNICATING EFFECTIVELY WITH COWORKERS
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Identify nine key points to remember when communicating with others.
2. List ten tips that will help in developing a trusting relationship with coworkers.
3. Identify three styles of communication.
4. List three key concepts related to communicating with the supervisor.
5. Recall two key concepts related to promoting a satisfactory work environment.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Essential Attitudes for Establishing Working Relationships with Others

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Bolton, Robert. People Skills. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1979, pp. 123-125.

Diekelmann, Nancy L. and Martin M. Broadwell. The New Hospital Supervisor. Reading, MA: Addison-Wesley Publishing Company, 1977, pp. 31-38.

INTRODUCTION:

Communicating with your coworkers in a satisfactory manner is very important if you are to be successful in your work. Remembering some basic concepts when communicating with coworkers may help you. These will be discussed in today's lesson.

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT II : Interpersonal Relationships

INFORMATION TOPIC: II-2

OUTLINE: (Key Points)

- I. Key points to remember when communicating with others
 - A. People tend to communicate with people they can trust.
 - B. People tend to communicate with people who satisfy their needs and make them feel secure.
 - C. People tend to communicate with people who are supportive rather than critical.
 - D. Communication is affected by the feelings and attitudes one has toward others.
 - E. Communication is more accurate when those communicating like one another.
 - F. Communication is less accurate when there is a feeling of distrust among those communicating.
 - G. It is difficult to trust someone whose actions and communication are unclear and inconsistent.
 - H. If there is a trust relationship, people are more open and honest about their true feelings.
 1. Behavior is less defensive.
 2. Behavior is more problem oriented.
 - I. It is important for people to feel that they are a part of their peer group.
- II. Tips that will help in developing a trusting relationship with coworkers
 - A. Be consistent in your behavior.
 - B. Do not repeat what someone has told you in confidence.
 - C. Be supportive of others.
 - D. Be open and honest in your communication. Do not tell John one thing and Joe the opposite.

- E. Remain objective, not judgmental.
- F. Examine your attitudes and feelings. Be aware of your position.
- G. Learn to listen to what the other is saying.
 - 1. Listen for the idea.
 - 2. Listen for what is behind the idea.
- H. Tune out the distractions around you.
- I. Learn to ask questions about the topic being discussed as an aid to learning.
- J. Remember that the other person has needs too.

III. Three styles of communication

- A. Submissive style
 - 1. True feelings are not expressed.
 - 2. Personal needs are expressed apologetically.
 - 3. Denies own needs and feelings
 - 4. Believes own opinions have no value
 - 5. Berates oneself
- B. Aggressive style
 - 1. Selfish
 - 2. Immediate payoff
 - 3. Discounts others
 - 4. Mechanical
 - 5. Puts down person - not just person's behavior
 - 6. Better than
 - 7. "You" messages
- C. Assertive Style (most productive)
 - 1. Self-fulfilling
 - 2. Respects others but does not defer
 - 3. Does not infringe on rights of others

4. Honest
5. Direct
6. Appropriate
7. Timely
8. Choice present
9. "I" messages

IV. Key concepts related to communicating with the supervisor

A. The role of the supervisor

1. Provides guidance and direction to a group of people
2. Makes decisions based on information provided by you
3. Assists and advises you in the performance of your job
4. Evaluates your job performance

B. Expectations your supervisor has of you

1. Loyalty
2. Dependability
3. Honesty
4. Enthusiasm
5. Willingness to learn
6. Willingness to accept responsibility
7. Willingness to accept constructive criticism
8. Punctuality

C. Tips for developing a successful relationship with your supervisor

1. Be respectful and tactful.
2. Be assertive.
3. Listen carefully.
4. Ask questions when you do not understand.
5. Follow the channels of communication.

- V. Key concepts related to promoting a satisfactory work environment
 - A. Reasons for promoting a satisfactory work environment
 - 1. Improves the quality of care
 - 2. Promotes job satisfaction
 - 3. Encourages individual growth of staff
 - B. Tips for promoting a satisfactory environment
 - 1. Remain flexible.
 - 2. Cope with change.
 - 3. Avoid the facility "grapevine".
 - 4. Maintain confidentiality.
 - 5. Keep morale up.
- VI. Summary and conclusion
 - A. Key points to remember when communicating with others
 - B. Tips that will help in developing a trusting relationship with coworkers
 - C. Three styles of communication
 - D. Key concepts related to communicating with the supervisor
 - E. Key concepts related to promoting a therapeutic work environment

In today's lesson we have discussed how you can facilitate interpersonal relationships among coworkers through communication. Satisfactory interpersonal relationships with coworkers is necessary in order for you to have a more successful work experience.

ESSENTIAL ATTITUDES FOR ESTABLISHING WORKING RELATIONSHIPS WITH OTHERS

I. Politeness and Tactfulness

Politeness is a social courtesy.

Tactfulness is skillful thoughtfulness in handling a situation.

Examples

Politeness:

"Please"; "Thank you" - magic words

"May I help you?" with a smile

Allow others to pass - no pushing.

Be gentle in manner and tone.

Address (both employee and) the resident by the given first name.

Address employees by surname.

Tactfulness:

Think carefully before speaking to avoid offending others. Learn how to answer residents' questions to their satisfaction by referring to the proper person, etc. (such as, "Why don't we ask the person in charge of your care?")

II. Friendliness

Friendliness is warmth and good will between people and includes courtesy, confidence, and hospitality. The resident needs to feel accepted by others. The developmental assistant is a good friend with a sense of responsibility for the resident's welfare.

III. Patience

The ability to accept residents in a supportive manner and to give them the feeling that you are in sympathy with them and are interested in their welfare is important. This stems from knowledge. The developmental assistant must develop the enduring quality of not giving up when improvements are SLOW.

IV. Truthfulness

Truthfulness is best demonstrated by an earnest and sincere manner. All residents need to have trust in the people who care for them so that they can learn to rely on others.

V. Poise

To remain composed in the face of difficult situations requires thoughtful control and is not always easy.

Make it a rule never to touch a resident exhibiting rising emotional upset unless absolutely necessary. Then do it firmly and with such confidence and good spirit that neither the resident nor his/her pride is injured.

VI. Confidence in ourselves and others

When we have faith and assurance in ourselves, it tends to stimulate the same in others.

Our goal is to help residents gain self-confidence and faith in others.

We can do this by helping them to look and feel better, live according to good health and behavior standards, and again feel successful in work and play projects in the treatment program. When we show residents that we believe in their treatments and that progress is possible, we help them to gain this necessary confidence; and when we give honest compliments for good efforts, we help them to try and try again to make new efforts and improvements.

VII. Receptiveness

To listen to another person's interests politely, unselfishly and tactfully is a compliment to that person and, wisely used, it creates a pleasant bond between two people.

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT II : Interpersonal Relationships

INFORMATION TOPIC: II-2

INTERACTION ITEMS: (Review Items)

1. Why is it necessary to be able to communicate well with coworkers?
2. What are some points to remember when talking with others?
3. How do these points affect communication?
4. Why is it necessary to establish trust with your coworkers?
5. What are some tips for establishing trust?
6. Of the three styles of communication, which is most desirable and why?
7. Why is it important to promote a satisfactory work environment?
8. Who has the responsibility of promoting a satisfactory work environment?
9. How does low morale affect the work environment?
10. How does absenteeism affect the work environment?
11. Why is it important to be able to cope with change?
12. Why is it important to avoid the facility "grapevine?"

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Two instructors should role play a situation in which coworkers are trying to discuss a problem. First, one of the coworkers is not listening and the other coworker is feeling very frustrated because of this. Second, both coworkers are listening and are in tune with each other. After each role play, have the students describe and discuss the feelings they experienced as they observed.
2. Have the students voluntarily present situations in which it was difficult to communicate with a coworker. The group should brainstorm ways of dealing with the situation in an assertive manner.

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT II : Interpersonal Relationships

ANSWERS TO EVALUATION ITEMS

I. True - False

In the space provided, place a "T" if the statement is True or an "F" if the statement is false.

- F 1. A feeling a distrust has little effect on communication.
- F 2. People appreciate criticism and therefore will communicate more openly with someone who makes critical remarks.
- F 3. The feelings and attitudes one has for another will have little effect on their communication.
- T 4. Gossip is a poor way of showing concern for another coworker.
- T 5. It is difficult to trust someone whose actions and communication are and inconsistent.
- T 6. A satisfactory work environment is an important factor in increasing productivity.

II. Listing

- I. List three tips that will help in developing trusting relationships
 - a. Be consistent in your behavior.
 - b. Do not repeat what someone has told you in confidence.
 - c. Be supportive of others.
 - d. Be open and honest in your communication. Do not tell John one thing and Joe the opposite.
 - e. Remain objective, not judgmental.
 - f. Examine your attitudes and feelings. Be aware of your position.
 - g. Learn to listen to what the other is saying.
 - 1. Listen for the idea.
 - 2. Listen for what is behind the idea.
 - h. Tune out the distractions around you.

- i. Learn to ask questions about the topic being discussed as an aid to learning.
 - j. Remember that the other person has needs too.
2. List three tips for developing a successful relationship with your supervisor.
- a. Be respectful and tactful.
 - b. Be assertive.
 - c. Listen carefully.

III. Multiple Choice

Select the answer which completes the statement correctly. Place the letter of that answer in the space provided at the left.

- c 1. In this style of communication, the individual does not express his/her true feelings. What style is this?
- a. Assertive
 - b. Aggressive
 - c. Submissive
- c 2. In this style of communication, the individual believes his/her own opinions are of no value and berates self. What style is this?
- a. Assertive
 - b. Aggressive
 - c. Submissive
- a 3. John's supervisor is concerned that John is not utilizing his work time efficiently. He is planning to counsel John. During the counseling, the supervisor intends to show respect for John and be direct and honest in his approach. What communication style will the supervisor be using?
- a. Assertive
 - b. Aggressive
 - c. Submissive
- b 4. John became angry when his supervisor suggested he could use his time more efficiently. He made sarcastic remarks to his supervisor and verbally attacked him. John's style of communication is:
- a. Assertive
 - b. Aggressive
 - c. Submissive

- c 5. Susan knew that what her coworker was suggesting was not correct. However, she could not bring herself to express her true feelings. What style of communication does Susan use?
- a. Assertive
 - b. Aggressive
 - c. Submissive
- d 6. A satisfactory work environment promotes:
- a. Absenteeism
 - b. Behavior problems
 - c. Higher salaries
 - d. Job satisfaction
- 3 7. Developing trusting relationships with coworkers depends upon:
- a. Consistency in behavior
 - b. Offering critical advice
 - c. Examining one's attitudes and feelings
 - d. Sharing confidential information with others

LESSON PLAN: 3

COURSE TITLE: Basic Paraprofessional Training

UNIT II : Interpersonal Relationships

SCOPE OF UNIT:

This unit is designed to teach the student basic skills in communication and interpersonal relationships. Emphasis will be placed on communicating with coworkers and the public, developing therapeutic relationships with residents, and understanding how culture affects behavior.

INFORMATION TOPIC: II-3

MEETING THE PUBLIC
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Recall four points to remember when working with facility visitors.
2. List seven tips on telephone etiquette.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

HO 1: How's Your Telephone Etiquette

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Missouri Department of Mental Health Employee's Handbook

INTRODUCTION:

First impressions are often lasting impressions! This is very important for you to remember because you may frequently be one of the first to greet visitors. Your actions may influence the opinions formed about the facility by the visitors; in fact, your image will affect the whole Department of Mental Health. In this lesson, we will discuss approaches you may use that may create more favorable impressions with the public.

LESSON PLAN: 3

COURSE TITLE: Basic Paraprofessional Training

UNIT II : Interpersonal Relationships

INFORMATION TOPIC: II-3

OUTLINE: (Key Points)

- I. Points to remember when working with facility visitors:
 - A. You represent the facility and the Department of Mental Health
 - B. People believe that your behavior and attitude represents the attitudes of the facility.
 - C. Your actions set the stage and tone of their visit. Be:
 1. Kind
 2. Patient
 3. Courteous
 4. Helpful
 - D. The Employees Handbook states that employees are forbidden to:
 1. Escort friends or other visitors about the facility or to admit them to a ward without permission of the chief administrative officer or his/her designee;
 2. Admit solicitors to any facility buildings without the chief administrative officer's written permission;
 3. Transact private business during duty hours except with the chief administrative officer's written permission;
 4. Release information on residents without the approval of the Appointing Authority.
 - E. Friends and relatives may have mixed feelings about visiting.
- II. Tips on telephone etiquette
 - A. Answer by saying, "Hello, unit, name speaking."
 - B. Speak clearly and distinctly.

- C. Be helpful and courteous.
- D. If the call is for someone else, go ask that person to come to the phone. (Do not shout.)
- E. If the other person is unavailable, ask to take a message. Write down the message, name of the person calling, and phone number for returning the call.
- F. End the conversation by saying good-bye.
- G. Personal phone calls should be directed to your home.
 - 1. Emergency calls may be received.
 - 2. You may use a pay phone during your "break" time.

III. Summary and conclusion

- A. Points to remember when working with facility visitors
- B. Tips on telephone etiquette

In this lesson, we have discussed suggestions that you may wish to use in order to create a more favorable impression on others.

How's Your Telephone Etiquette?

Ever realize that you can be one of the top public relations people in Harbison-Walker? Well, you can! When someone calls you on the telephone as far as he's concerned, you are the company. When you talk, it's the Company talking. And if you sound cheerful, clear and interested, his attitude toward the Company will be a good one.

Below are a few helpful "do's and don'ts." After reading them carefully, if you decide your telephone etiquette is perfect, congratulations. If not, why not try to improve? Your telephone etiquette, after all, is sometimes the only way people can judge you—and their favorable judgment can mean dollars and cents to you and your company. So let's talk business.

Grab That Phone

Nobody likes to be kept waiting—especially on the telephone. So answer yours promptly. If you can't, explain the delay and apologize for it. Your caller may have good news or an important message for you, and he may not have time to wait.

Be Easy To Trace

When you leave your office for any length of time, don't keep your absence a secret. Someone may call for information which only you can give. So let it be known where you can be reached, how long you'll be there, and when you'll be back. That way, if someone calls, whoever answers won't have to embark on an office-to-office manhunt. Time is money, so when you leave, leave word.

See Yourself As Others Hear You

Ever stop to wonder how you'd sound if you could call yourself? You'd find your speech has four important characteristics: cheerfulness, distinctness, loudness and speed.

Be cheerful. It will make your caller feel good, and you'll feel better too. If you're able to get that "glad to hear from you" ring in your voice, you'll find callers becoming just as sweet as can be.

And talk normally. Some people—you probably know one or two—try to change their personalities when they pick up a receiver. Some roar like a bull moose paging its mate. Others whisper as though their message were a deep dark secret. Still others try to sound sophisticated...or mechanical...or cute...or like a "big shot." But did you ever notice how real "big shots" talk? They're as clear and as simple as can be.



Tell The World Who You Are

If you want to save time, and sound businesslike too, tell your caller right off the bat who you are. "Sales Department, John Brown speaking," sounds efficient, saves you time and your caller's. "Yes" or "hello" mean nothing. If you answer someone else's telephone, "Mr. Gaffney's telephone, Miss Jay speaking," makes everything clear.

Don't Kick A Caller Around

Nothing is more irritating than "the telephone runaround"—being kicked from one extension to another. When you get a call, handle it if you can. If you can't, tell the caller you'll transfer him to the right party. Then do it—with all the promptness and care you would expect of someone else. It's worthwhile treating all calls as important. Most of them are!

Find Out Who

If you answer someone else's phone and the caller doesn't identify himself, try to find out tactfully who he is. Don't, of course, bark "Who are you?" He may be the Chairman of the Board, and you'll find out! A better way is to ask, "May I tell him who's calling, please?" or "May I have him call you?" And don't put down the telephone until you're sure the conversation is over—the caller may want to talk to someone else.

What Was That Crack?

You wouldn't think of slamming the door when a visitor leaves your home. Give your telephone caller the same courtesy. At the end of the call, hang up gently. Don't hang the receiver so your caller gets a sharp crack in his ear.

Don't Trust To Memory

If there's a message, write it down. Even if there's no message, make a note of who called and at what time. If the caller would like his call returned, be sure to get his name and number accurately. Your handling of telephone messages is a mark of your efficiency.

It's All In The Way You Call

There is always the chance that the person you're calling may be very busy. So to save your time and his, identify yourself quickly and state your business. Be cordial, but be informative and business like. Incidentally, never try to fool an operator or a secretary into thinking you're a personal friend of Mr. Whatzit if you're not. You may get away with it once, but the next time you call, watch out!

Wrong Number?

Nobody enjoys answering or calling wrong numbers, and there's a very simple way to avoid them. Pronounce the number you want distinctly, and dial carefully. Always look up doubtful numbers in your directory.

If a wrong number does happen, give the other fellow a break. Refrain from slamming the receiver with a curt, "Wrong number!" Instead, say, "sorry, no Mr. Pofnik here. Are you calling (your number)?" This is not only more courteous, but you won't get another call asking for Mr. Pofnik.

If you're the caller and the voice at the other end sounds strange, ask pleasantly, "Is this Orchard 6-9999?" If not, apologize briefly and re-check your directory.

People Are Proud

Most people are like the rest of us—in love with their own names and titles. So where you can, use them frequently. "Professor," "Colonel," "Doctor"—even the simple "Mr." or "Mrs.," followed by the name, is sweet music to their ears.

Try to interweave titles generously with other expressions of courtesy and respect. "Thank you." "Sorry." "I beg your pardon."

Unless you're calling to foreclose the mortgage or borrow fifty dollars, you can't miss having your call remembered pleasantly. And pleasant association—goodwill—is the cornerstone of good business. That's important to you, too, because you can be one of the top public relations people in your company.

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LESSON PLAN: 3

COURSE TITLE: Basic Paraprofessional Training

UNIT II : Interpersonal Relationships

INFORMATION TOPIC: II-3

INTERACTION ITEMS:

1. Why is it important to discuss points to remember when greeting visitors?
telephone etiquette?
2. What are some tips for telephone etiquette?
3. Why should you not release information without approval?
4. Under what circumstances are you allowed to escort friends and/or visitors
about the facility?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Role play greeting visitors.
2. Practice telephone etiquette in role play situations.

LESSON PLAN: 3

COURSE TITLE: Basic Paraprofessional Training

UNIT II : Interpersonal Relationships

ANSWERS TO EVALUATION ITEMS

I. True - False

In the space provided, place a "T" if the statement is true and "F" if the statement is False.

- T 1. Your attitudes, feelings and/or actions will be an important factor in setting the stage for visitors in the facility.
- F 2. The Employee Handbook states that anyone can visit without permission.
- F 3. The Handbook also states that solicitors are welcome and should be given free access to all units.
- F 4. The DA has the right and responsibility for informing friends and relatives of the resident's condition.
- T 5. Friends and relatives may have mixed feelings about visiting.

II. Listing

List three tips on telephone etiquette.

Tips on telephone etiquette

- A. Answer by saying, "Hello, unit, name speaking."
- B. Speak clearly and distinctly.
- C. Be helpful and courteous.
- D. If the call is for someone else, go ask that person to come to the phone. (Do not shout.)
- E. If the other person is unavailable, ask to take a message. Write down the message, name of the person calling, and phone number for returning the call.
- F. End the conversation by saying good-bye.
- G. Personal phone calls should be directed to your home.
 - 1. Emergency calls may be received.
 - 2. You may use a pay phone during your "break" time.

III. Short answer

1. You are about to answer the phone in your unit. In writing, state how you will answer the phone.

"Hello, Unit '_____', 'name' speaking. May I help you?"

2. Are you allowed to use the Unit phone for personal calls?
(answer will vary depending on facility).

LESSON PLAN: 4COURSE TITLE: Basic Paraprofessional TrainingUNIT II : Interpersonal Relationships

SCOPE OF UNIT:

This unit is designed to teach the student basic skills in communication and interpersonal relationships. Emphasis will be placed on communicating with coworkers and the public, developing therapeutic relationships with residents, and understanding how culture affects behavior.

INFORMATION TOPIC: II-4

RESIDENT RELATIONSHIPS
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. State the four characteristics of a therapeutic relationship.
2. List five interpersonal skills that promote a therapeutic relationship.
3. Describe the three phases of a therapeutic relationship.
4. List seven tips for establishing a therapeutic relationship.
5. Explore your feelings about working with MR/DD residents.
6. Differentiate between a professional and social relationship.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Memo From Your Resident
2. HO 2: Commandments
3. HO 3: To Improve Communication With Residents
4. HO 4: A Professional vs. A Social Relationship

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCE: (Instructor's Additional Information)

Carkhuff, R.R. and Anthony, W.A. The Skills of Helping. Amherst, Mass: Human Resource Development Press, Inc., 1979. pp. 31-91.

Haber, J., et. al. Comprehensive Psychiatric Nursing. St. Louis: McGraw-Hill Book Co., 1978, pp. 71-97.

INTRODUCTION:

The most important responsibility of the developmental assistant is to develop positive relationships with the resident. Only through this relationship can the developmental assistant help the resident to grow emotionally and socially and to develop those personality characteristics which will enable him/her to face and adjust to life's problems.

There is little doubt that the residents in an average living unit will show a great variety of personalities as well as a broad range of needs, unique to each individual. Because of this, the chances of dealing with the whole group in any one general way are greatly reduced. It is of great importance for the developmental assistant to adjust and respond to a group of people who may have different needs.

The developmental assistant should be regarded by the residents as one person in their immediate environment who stands ready to help, guide, provide for their needs, ensure happiness, interpret the general environment, and help them adjust to it.

LESSON PLAN: 4

COURSE TITLE: Basic Paraprofessional Training

UNIT II : Interpersonal Relationships

INFORMATION TOPIC: II-4

OUTLINE: (Key Points)

- I. Characteristics of a therapeutic or helping relationship
 - A. Both the resident and the developmental assistant determine the nature of the relationship.
 - B. Resident and developmental assistant work together.
 1. Developmental assistant develops a cooperative relationship with the resident.
 2. Both enter the relationship with strengths and abilities.
 - C. Goal directed
 - D. Professional in nature; not social (HO 4)
- II. Interpersonal skills that promote a therapeutic relationship
 - A. Empathy
 1. Sensitive to the other person's feelings and needs
 2. Ability to remain objective
 - B. Warmth
 1. Valuing the other person
 2. Nonpossessive
 - C. Genuine
 1. Being yourself
 2. Being sincere
 - D. Concrete
 1. Be direct and to the point.
 2. Communication is clear and concise.
 - E. Active listening

1. Establish rapport.
2. Use therapeutic communication skills.

III. Phases of a therapeutic relationship

A. Orientation phase

1. Determine nature of the relationship.
2. Develop trust.
3. "Testing" may occur.

B. Working phase

1. Resident and developmental assistant work together toward accomplishing goals.
2. Trust has been developed.

C. Termination phase

1. Resident and developmental assistant work together in dealing with the relationship ending.
2. Begins the first day the resident and developmental assistant meet
3. Possible resident responses to ending the relationship
 - a. Denial
 - b. Regression
 - c. Acting out
 - d. Anger
 - e. Acceptance

IV. Tips for establishing a therapeutic relationship

- A. Call the resident by his/her given first name.
- B. Remember some residents communicate physically rather than verbally.
- C. Be sure the resident understands what you are saying.
- D. Feel free to ask questions of your supervisor in order to learn about the resident.
- E. Remain objective. Don't allow your personal feelings and emotions to interfere with the use of scientific principles.

- F. Be sure any criticism is constructive.
- G. Offer praise when praise is due.
- V. Summary and conclusion
 - A. Characteristics of a therapeutic relationship
 - B. Interpersonal skills that promote a therapeutic relationship
 - C. Phases of a therapeutic relationship
 - D. Tips for establishing a therapeutic relationship

In this lesson, we have discussed characteristics of a therapeutic relationship and skills which you can develop that will promote a healthy relationship among residents. Remember - the resident will be counting on you.

MEMO FROM YOUR RESIDENT

1. Don't spoil me. I know quite well that I ought not to have all that I ask for. I'm only testing you.
2. Don't be afraid to be firm with me. I prefer it, it makes me feel more secure.
3. Don't let me form bad habits. I have to rely on you to detect them in the early stages.
4. Don't make me feel smaller than I am. It only makes me behave stupidly "big."
5. Don't correct me in front of people if you can help it. I'll take much more notice if you talk quietly with me in private.
6. Don't make me feel my mistakes are sins. It upsets my sense of values.
7. Don't protect me from consequences. I need to learn from experience.
8. Don't be too upset when I say "I hate you." It isn't you I hate but your power to thwart me.
9. Don't nag. If you do, I shall have to protect myself by appearing deaf.
10. Don't forget that I cannot explain myself as well as I would like. This is why I'm not always very accurate.
11. Don't make rash promises. Remember that I feel badly let down when promises are broken.
12. Don't tax my honesty too much. I am easily frightened into telling lies.
13. Don't be inconsistent. That completely confuses me and makes me lose faith in you.
14. Don't tell me my fears are silly. They are terribly real and you can do much to reassure me if you try to understand.
15. Don't put me off when I ask questions. If you do, you will find that I stop asking and seek my information elsewhere.
16. Don't ever suggest that you are perfect or infallible. It gives me too great a shock when I discover that you are neither.
17. Don't ever think it is beneath your dignity to apologize to me. An honest apology makes me feel surprisingly warm toward you.

COMMANDMENTS

1. The residents are the most important people at our facility.
2. The residents are dependent on us for guidance; our reputation is dependent on them.
3. The residents are not an interruption of our work - they are our work.
4. The residents do us a favor when they ask for help.
5. The residents are not people to argue with or belittle but individuals to comfort and teach.
6. The residents are our business - not outsiders.
7. The residents are not cold statistics; they are flesh and blood human beings with feelings and emotions like our own.
8. The residents are people who bring us their disabilities - it is our duty to help them reach their highest potential.
9. Residents are deserving of the most courteous and attentive help we can give them.
10. Remember always, if there was no one with developmental disabilities there would be no need for our facility.

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TO IMPROVE COMMUNICATION WITH RESIDENTS

1. Acknowledge their attempt at communication - action or verbal - with responses which convey interest, acceptance, and understanding.
2. Use language appropriate to their understanding.
3. Minimize your verbal participation so that they have an opportunity to take the lead in verbalizing.
4. Employ suggestions when it appears to be indicated, such as "Perhaps we can talk about that."
5. Allow them to express negative feelings.
6. Accept periods of silence as preferable to trying to force them to talk.
7. Refrain from offering reassurance too quickly, changing the conversation topic, or defending individuals they may criticize.
8. Avoid sharing personal life experiences which take you out of your role.
9. Refrain from choice of topics which could be emotionally distressing to them.
10. Use helpful messages rather than ones that block communication.

A PROFESSIONAL VS. A SOCIAL RELATIONSHIP

Professional Relationship

Social Relationship

Focus is on the resident

Focus is on either person involved

Goal directed

Not goal directed

Aimed at meeting the resident's needs

May or may not meet the needs of any of the persons involved

Commitment to stay

Free to come and go at will

Commitment to help

Free to offer assistance or maintain distance

Time limit is set. The relationship will terminate at some point.

Indefinite in duration

Objective decisions based on data collected and team input are made.

Subjective decisions based on personal feelings may result

Aware of own motivations, attitudes, and feelings

Self-Awareness may be absent

Sharing of feelings encouraged by the developmental assistant

Sharing of feelings not encouraged

LESSON PLAN: 4

COURSE TITLE: Basic Paraprofessional Training

UNIT II : Interpersonal Relationships

INFORMATION TOPIC: II-4

INTERACTION ITEMS: (Review Items)

1. What are the characteristics of a therapeutic relationship?
2. Why is it necessary to be concerned about the type of relationship you have with the resident?
3. Describe the interpersonal skills that will assist you in developing a therapeutic relationship.
4. What are the three phases of a relationship?
5. What factors indicate the phase of the relationship one has with a resident?
6. Give some tips for establishing a therapeutic relationship. Give examples of ones that have worked for you in past situations.

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

Explore your feelings about working with MR/DD residents. Consider the following:

- a. Reasons for working at this facility
- b. Past experiences with MR/DD residents
- c. Family and personal attitude toward MR/DD residents
- d. Do you believe the MR/DD resident's situation can be improved?

LESSON PLAN: 4

COURSE TITLE: Basic Paraprofessional Training

UNIT II : Interpersonal Relationships

ANSWERS TO EVALUATION ITEMS

- I. State the four characteristics of a therapeutic relationship.
 1. Both the resident and the DA determine the nature of the relationship.
 2. Resident and the DA work together.
 3. Goal directed
 4. Professional in nature

- II. List five interpersonal skills that promote a therapeutic relationship.
 1. Empathy
 2. Warmth
 3. Genuineness
 4. Concreteness
 5. Active listening

- III. Short answer
 1. Describe the orientation phase of a relationship.
 - a. Determine nature of the relationship
 - b. Develop trust
 - c. "Testing" may occur
 2. Describe the working phase of a relationship.
 1. Resident and developmental assistant work together toward accomplishing goals.
 2. Trust has been developed.
 3. Describe the termination phase of a relationship.
 1. Resident and developmental assistant work together in dealing with the relationship ending.

2. Begins the first day the resident and developmental assistant meet
3. Possible resident responses to ending the relationship
 - a. Denial
 - b. Regression
 - c. Acting out
 - d. Anger
 - e. Acceptance

IV. List four tips for establishing a therapeutic relationship.

1. Call the resident by his/her given first name.
2. Remember some residents communicate physically rather than verbally.
3. Be sure the resident understands what you are saying.
4. Feel free to ask questions of your supervisor in order to learn about the resident.
5. Remain objective. Don't allow your personal feelings and emotions to interfere with the use of scientific principles.

V. Place a check (✓) besides those items which are characteristic of a professional relationship.

- ☐ 1. Not goal directed
- ☐ 2. Subjective decisions are made based on personal feelings.
- ☒ 3. Aware of own motivations, attitudes, and feelings
- ☐ 4. Indefinite in duration
- ☒ 5. Sharing of feelings encouraged by the DA.
- ☒ 6. Objective decisions are made based on data.

- ☒ 7. Goal directed
- ☐ 8. Focus is on either person involved in the relationship
- ☐ 9. Free to come and go at will
- ☒ 10. Aimed at meeting the resident's needs

LESSON PLAN: 5

COURSE TITLE: Basic Paraprofessional Training

UNIT II : Interpersonal Relationships

SCOPE OF UNIT:

This unit is designed to teach the student basic skills in communication and interpersonal relationships. Emphasis will be placed on communicating with coworkers and the public, developing therapeutic relationships with residents, and understanding how culture affects behavior.

INFORMATION TOPIC: II-5

UNDERSTANDING HOW CULTURE AFFECTS BEHAVIOR
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. List eight cultures within the United States and seven ways they are bound together to form a system.
2. Describe how four subgroups maintain the values and traditions of culture.
3. State four reasons why it is important to be aware of cultural differences.
4. List four ways the developmental assistant can remain therapeutic with residents despite cultural differences.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Haber, J., et al., Comprehensive Psychiatric Nursing. St. Louis, MO: McGraw Hill Book Co., 1978, pp. 18-30.

Pasquali, E. A., et al., Mental Health Nursing: A Bio-Psycho-Cultural Approach. St. Louis, MO: C. V. Mosby Company, 1981, pp. 35-67.

INTRODUCTION:

The United States is considered the melting pot of many cultures with various beliefs. Every person is born into a culture and comes into the Department of Mental Health System with these cultural beliefs. In order to remain therapeutic and effective in our role, we must be aware of how these cultural differences will influence the services we provide and the well-being of the resident.

LESSON PLAN: 5

COURSE TITLE: Basic Paraprofessional Training

UNIT II : Interpersonal Relationships

INFORMATION TOPIC: II-5

OUTLINE: (Key Points)

I. The multicultural United States

A. Each culture group is a system bound together by:

1. Values
2. Traditions
3. Beliefs
4. Dress
5. Food
6. Norms or rules
7. Language

B. Examples of various cultural groups within the United States (rural vs. urban)

1. British-Americans
2. Afro-Americans
3. Italian-Americans
4. German-Americans
5. Oriental-Americans
6. Irish-Americans
7. Polish-Americans
8. Mexican-Americans

II. Traditions and values of cultures maintained through various subgroups

A. Family

1. Nuclear
2. Extended
3. Role relationships influenced by the culture
4. Stress related to changing role

B. Neighborhood

1. Group norms
2. Conformity
3. Support system
4. Group identity
5. Common interests

C. Religion

1. Powerful influence on families and communities
2. Conflict can occur if religious values of a family member change.

D. Schools

1. Children may be exposed to teachers from a different cultural background.
2. Exposure may be beneficial but may also cause conflict.

III. Reasons to be aware of cultural differences

- A. Definitions of abnormal and normal behavior are culturally bound. Acceptable behavior in one culture may be regarded as abnormal in another culture.
- B. Language is culturally bound. The meanings of words may vary from one culture to another.
- C. Employees are influenced by the culture in which they were reared.
 1. These cultural influences can be compatible or in conflict with the resident's cultural beliefs.

2. Employees must be aware of the influence their culture has on their daily lives.
 3. Cultural influences are exhibited through our attitudes.
 4. Attitudes are:
 - a. Innermost beliefs
 - b. Largely unconscious
 - c. Displayed through verbal and nonverbal behavior
 - d. Possibly a source of conflict with others whose attitudes differ from ours
- D. Being admitted to a treatment facility is a cultural change for residents.
1. Terminology and equipment differ from their home environment.
 2. Roles change
 - a. Independent to dependent role
 - b. Decision-making powers limited
 - c. Personal belongings limited
- IV. Ways the developmental trainee can remain therapeutic with residents despite cultural differences
- A. Recognize own attitudes and beliefs.
 - B. Remain open-minded about other's beliefs.
 - C. Be aware of resident's cultural background.
 - D. Encourage decision-making abilities as much as possible.
- V. Summary and conclusion
- A. The multicultural United States
 - B. Traditions and values of cultures maintained through various subgroups
 - C. Reasons to be aware of cultural differences
 - D. Ways the developmental assistant can remain therapeutic with residents despite cultural differences

In this lesson we have discussed how various cultural beliefs influence our behavior and how we interact with others. Hopefully, as an employee you will remain alert to cultural differences and strive to remain open-minded about others.

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LESSON PLAN: 5

COURSE TITLE: Basic Paraprofessional Training

UNIT II : Interpersonal Relationships

INFORMATION TOPIC: II-5

INTERACTION ITEMS: (Review Items)

1. How are cultures bound together?
2. What are the various subgroups that help to maintain cultural values and traditions?
3. Why is it important to be aware of cultural differences?
4. What can you do to remain therapeutic with residents despite cultural differences?
5. Have you noticed certain cultural characteristics among residents you have worked with? If so, what are they?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Assign each student to read about a specific culture and report on it in class.
2. Divide into two groups. Have one group list the characteristics of a rural community and its people, and the other group list the characteristics of a metropolitan community and its people. Compare and contrast these characteristics with the entire class. Discuss the implications for programming.
3. Identify the cultural influences within the community where you live.

LESSON PLAN: 5

COURSE TITLE: Basic Paraprofessional Training

UNIT II : Interpersonal Relationships

ANSWERS TO EVALUATION ITEMS

I. Listing

1. List four culture groups within the United States.
 1. British-Americans
 2. Afro-Americans
 3. Italian-Americans
 4. German-Americans
 5. Oriental-Americans
 6. Irish-Americans
 7. Polish-Americans
 8. Mexican-Americans
2. List three ways in which a culture group is bound together as a system
 1. Values
 2. Traditions
 3. Beliefs
 4. Dress
 5. Food
 6. Norms or rules
 7. Language
3. List four ways you as a DA can remain therapeutic with residents of other cultures.
 1. Recognize own attitudes and beliefs.
 2. Remain open-minded about other's beliefs.
 3. Be aware of resident's cultural background.
 4. Encourage decision-making abilities as much as possible.

II. Short answers

1. Describe how a family maintains the traditions and values of a culture.

Families maintain traditions and values through subgroups (e.g., nuclear and extended family, neighborhood they choose to live in, religion and schools) and through spoken and unspoken family rules.

2. Why is it important to be aware of cultural difference?

- a. Recognize own attitudes and beliefs.
- b. Remain open-minded about other's beliefs.
- c. Be aware of resident's cultural background.
- d. Encourage decision-making abilities as much as possible.
- e. Being admitted to a treatment facility is a cultural change for residents.
 1. Terminology and equipment differ from their home environment.
 2. Roles change
 - a) Independent to dependent role
 - b) Decision-making powers limited
 - c) Personal belongings limited

LESSON PLAN: 6COURSE TITLE: Basic Paraprofessional TrainingUNIT II : Interpersonal Relationships

SCOPE OF UNIT:

This unit is designed to teach the student basic skills in communication and interpersonal relationships. Emphasis will be placed on communicating with coworkers and the public, developing therapeutic relationships with residents, and understanding how culture affects behavior.

INFORMATION TOPIC: II-6

FAMILY DYNAMICS
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Recall three key concepts related to the family as a system.
2. Match the stages of coping the family progresses through when adjusting to a child with a developmental disability with the appropriate description of the stage.
3. List four reasons why families seek placement.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Batshaw, M.L. Children with Handicaps. Baltimore: Paul H. Brookes Publishing Co., 1981.

Perske, Robert. Hope of the Families. Nashville, TN: Abingdon Press, 1981

Perske, Robert. New Directions for Parents of Persons Who Are Retarded. Nashville, TN: Abingdon Press, 1978.

Trudeau, Linda and Jane Jarrow. "Helping Relationship," Education Unlimited. September-October, 1980, p. 28-31.

INTRODUCTION:

When you work with the family of a person with a developmental disability, it is important that you develop an attitudinal framework that is sensitive, empathetic and receptive to the family. These families must cope with emotional turmoil regarding the member who is developmentally disabled. You can ease this turmoil by responding to the family in a positive manner.

LESSON PLAN: 6

COURSE TITLE: Basic Paraprofessional Training

UNIT II : Interpersonal Relationships

INFORMATION TOPIC: II-6

OUTLINE: (Key Points)

- I. Key concepts related to the family as a system
 - A. The family system begins with the marriage of a man and woman.
 1. The birth of a baby is an addition to the family system.
 2. Members of the system must work to redevelop harmonious relationships.
 3. No system is ideal.
 - B. The birth of a child with a developmental disability is an additional stressor that the family must cope with.
 1. Society promotes the idea that children with developmental disabilities should be rejected.
 2. Parents may experience a lack of support from friends, family, professionals.
 3. Families may grow stronger or weaker.
 - C. Some families play psychological games.
 1. S/he broke us up.
 2. The one who isn't there
 3. S/he's our master.
 4. It's his/her fault.
 5. Walking pharmaceutical house
 6. There's nothing wrong with him/her.
 7. S/he's better with his/her own kind.
 8. If you don't do something I'll get sick.

9. It is your genes that are rotten.
 10. Push me and the child gets a seizure.
- II. Stages of coping the family progress through when adjusting to a child with a developmental disability.
- A. Families adjust by grieving and progress through the stages of grief.
 1. Persons do not pass neatly from one stage to the next.
 2. People may regress to a previous stage.
 3. Once acceptance has been reached, grieving may begin again when the child progresses into another developmental stage.
 4. Coping styles vary from one individual to the next. Varying coping styles may act as a stressor on the relationship of husband and wife.
 5. Feelings of the siblings must be dealt with. They may fear developing a disability.
 - B. Shock
 1. Disbelief often accompanies the feeling of shock.
 2. Parents may describe a feeling of numbness.
 - C. Denial
 1. Rejection of the knowledge that the child has a developmental disability occurs.
 2. Actions and/or words say "I cannot believe this," or "I will not accept this."
 - D. Anger
 1. May be directed at God, family members, and/or the child with the developmental disability
 2. Anger may be over lost dreams and hopes.
 3. Parents may also be angry with the child because his/her disability will interfere with the family's current lifestyle.
 - E. Guilt
 1. Some parents believe they are being punished for past misdeeds if the child has a developmental disability.
 2. Parents may also believe they did something during the pregnancy to cause the developmental disability, for example:

- a. Drank too much alcohol
- b. Smoked cigarettes
- c. Did not rest enough
- d. Improper nutrition

F. Depression

- 1. Normal response unless prolonged
- 2. Indicates the family is moving on toward acceptance
- 3. Characterized by great feelings of sadness over the loss of their ideal child

G. Bargaining

- 1. The family acknowledges the developmental disability but is yet unable to accept it.
- 2. This stage is characterized by the family trying to make a "deal" with someone, usually God.
- 3. The family may pass on decision-making to the professional who should, in actuality, help the family make informed decisions.

H. Acceptance

- 1. The family begins to cope.
- 2. Ready to begin acting on professional's recommendations

III. Reasons why families seek placement

A. Recommendation of physician

B. Pressure from other family members

- 1. Spouse
- 2. Other children
- 3. Other family members (grandparents, aunts, uncles, etc.)

C. Want to forget

D. Can no longer care for the child at home.

- 1. Medical needs
- 2. Size

3. Behavior

4. Changes in family structure

V. Summary and conclusion

A. Key concepts related to the family as a system

B. Stages of coping the family progresses through when adjusting to a child with a developmental disability

C. Reasons why families seek placement

D. Maintain family contacts

This lesson has provided you with information about the family's methods of coping with a child with developmental disabilities. Hopefully, the insight you gain from this will enable you to respond to families in a positive manner.

LESSON PLAN: 6

COURSE TITLE: Basic Paraprofessional Training

UNIT II : Interpersonal Relationships

INFORMATION TOPIC: II-6

INTERACTION ITEMS: (Review Items)

1. Who makes up the family system?
2. How does the birth of a child with a developmental disability affect the family system?
3. What role does society play in the family system which has a developmentally disabled child?
4. What are the stages of grieving the family will experience when they learn their child has a developmental disability?
5. What are the characteristics of each stage?
6. Why do families seek placement for their developmentally disabled members?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

Parent Panel: Have a panel of parents to discuss such topics as:

1. How they adjusted to their child having a developmental disability.
2. How the developmentally disabled child affected their family system.
3. Why they sought placement for their child.
4. What has helped them maintain contact with their child.

LESSON PLAN: 6

COURSE TITLE: Basic Paraprofessional Training

UNIT II : Interpersonal Relationships

ANSWERS TO EVALUATION ITEMS

I. True - False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

- T 1. The birth of a new baby is a stress on the family system and sometimes may disrupt otherwise harmonious relationships.
- F 2. The birth of a developmentally disabled child is no more stressful than having a normal child.
- T 3. Society promotes the idea of rejecting children with developmental disabilities.
- T 4. When families have developmentally disabled children, they may cope by playing psychological games.
- F 5. Playing psychological games is a healthy way of coping.

II. Matching:

Match the stage of coping with the appropriate description of that stage. Answers may be used more than once.

- | | | |
|-----------|---------------|---------------|
| a. Shock | d. Guilt | g. Acceptance |
| b. Denial | e. Depression | |
| c. Anger | f. Bargaining | |

- d 1. Parents believe they are being punished for past misdeeds.
- a 2. Parents describe a feeling of numbness during this stage.
- a 3. A feeling of disbelief accompanies this stage.
- g 4. The family begins to cope.
- e 5. The stage is characterized by a great feeling of sadness.
- b 6. The parents actions and/or words say, "I cannot believe this."
- f 7. The family tries to make a "deal" with God.
- g 8. The parents are ready to begin acting on the recommendations made by professionals.
- b 9. The parents reject the knowledge that the child has a developmental disability.
- f 10. The parents acknowledge the developmental disability but are unable to accept it.

III. Listing:

List four reasons why families seek placement.

- A. Recommendation of physician
- B. Pressure from other family members
- C. Want to forget
- D. Can no longer care for the child at home

LESSON PLAN: I COURSE TITLE: Basic Paraprofessional TrainingUNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

INFORMATION TOPIC: III-I

MAINTENANCE OF A SAFE ENVIRONMENT
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. List the facility areas frequently utilized by developmental assistant.
2. Name three factors required to promote infection.
3. List four measures that control infection.
4. Identify fifteen key concepts in maintaining a safe environment.
5. Use good body mechanics in handling residents.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Ways Organisms Are Spread
2. HO 2: Epidemiology
3. HO 3: Safety Tips for Developmental Assistants
4. HO 4: Posture: Correct Standing and Carrying
5. HO 5: Posture: Sitting
6. HO 6: Posture: Correct and Incorrect Lifting
7. HO 7: Posture: Correct and Incorrect Alignment
8. HO 8: Body Mechanics for Lifting Resident
9. HO 9: Ten Commandments of Body Mechanics
10. Hospital Sepsis
11. Trainex Long-Term Care Series, filmstrip: "Lifting and Moving Patient"
12. Trainex Long-Term Care Series, filmstrip: "Transfer Activities and Ambulation"

INFORMATIONAL ASSIGNMENT:

REFERENCES: (Instructor's Additional Information)

Reese, Dorothy Erickson. How to be a Nurse's Aide in a Nursing Home. Washington, D.C.: American Health Care Association, 1976, pp. 9-18, 97, 107.

Wood, Lucile. Nursing Skills for Allied Health. Philadelphia: W. B. Saunders Co., 1972, pp. 124-131.

INTRODUCTION:

When living in an area with a large number of people, we are more susceptible to communicable/infectious diseases. Therefore, there is an increased need for special attention in providing a safe environment. This lesson is designed to familiarize you with accident prevention, infection control, and preventive measures to protect you and the resident.

LESSON PLAN: I

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-I

OUTLINE: (Key Points)

I. The environment (HO 2)

A. Resident bedroom

1. Assist resident as necessary in preparing for sleep.
2. Ensure safety of resident while sleeping.
 - a. Nightlight
 - b. Bedrails
 - c. Regular bedchecks

B. Dining room

1. Preparation before meals
2. Position resident to eat.
3. Assist resident with eating as necessary.
4. Monitor resident's food/fluid intake.

C. Rooms

1. Centralized area for socialization activities
2. Assist with socialization activities.

D. Staff office

1. Reporting
2. Recording
3. Receiving assignments
4. Review plan of care.

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II. Infection control (HO 1 and 2)

A. Chain of infection - factors required to promote infection

1. Environmental link
 - a. Dark
 - b. Moist
 - c. Warm
2. Transmission link
 - a. Hands
 - b. Utensils
 - c. Food
 - d. Water
 - e. Insects/rodents
 - f. Body discharges
 - g. Linen/supplies
3. Susceptible host
 - a. Resident
 - 1) Developmentally disabled
 - 2) Weakened by illness
 - b. Co-workers
 - 1) Exposure to disease
 - 2) Poor hygiene habits
 - c. Carrier
 - 1) Infected but no symptoms
 - 2) Can infect others (Activity 6)

B. Control measures (HO 3)

1. Handwashing

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- a. When to wash hands
 - 1) When first coming on duty
 - 2) Before and after each health care
 - 3) Before and after direct resident contact
 - 4) After contact with any waste or contaminated materials
 - 5) Before handling any food or food receptacles
 - 6) Anytime your hands become soiled
 - 7) After going to the bathroom and after smoking
 - 8) Wash resident's hands before meals and at other appropriate times.
- b. Equipment needed
 - 1) Hot and cold running water
 - 2) Soap or detergent
 - 3) Paper towels or electric dryer
- c. Key points to remember
 - 1) Adjust water temperature before beginning procedure; then do not touch controls again.
 - 2) Use friction on all four sides of fingers.
 - 3) Rub tips of fingers in palm to cleanse under nails.
 - 4) Keep hands lower than or level with elbows so water runs downward.
 - 5) If using bar soap, rinse the bar before replacing it.
 - 6) Turn off faucet with paper towel to avoid recontamination
 - 7) Clean nails daily or as necessary.
 - 8) For residents, provide a basin or water, soap, and hand towel if they cannot use a lavatory.

2. Linen changing

a. When to change bedding

- 1) Ambulatory resident - at least weekly
- 2) Bedfast - at least every other day
- 3) Incontinent - after each voiding or bowel movement

b. Equipment needed

- 1) Two sheets
- 2) One cotton draw sheet for incontinent
- 3) One rubber draw sheet for incontinent (optional)
- 4) Pillowcases
- 5) Blanket
- 6) Bedspread
- 7) Mattress pad

c. Key points to remember

- 1) Remove soiled linens without shaking or bringing in contact with developmental assistant's face or clothing.
- 2) Observe linen for dentures, jewelry, plastic, glass, chux, etc.
- 3) Place soiled linen in proper receptacle - never on the floor or bedside table.
- 4) A footboard or cradle should be used when resident spends major part of day in bed.
- 5) Change blanket and spread as often as needed for cleanliness.
- 6) Change mattress pad as often as needed for cleanliness.
- 7) When transferring linen to proper receptacle, hold linen away from body.

d. When to change other linen

- 1) Bath towel after each bath
- 2) Hand towel daily

3) Washcloth after each bath

4) Bibs after each meal

3. Disinfection of thermometers - after each use

- a. Rinse; then place in detergent solution to soak.
- b. Wash in fresh detergent solution. Cotton balls can be used to scrub from the clean to the dirty end of the thermometer.
- c. Rinse under cool running water.
- d. Dry.
- e. Immerse in disinfectant solutions.
- f. Rinse under cool running water.
- g. Dry.
- h. Package or store in sterile container.

4. Handling of supplies and equipment

- a. Discard disposables after each use.
- b. Place clean linen only on clean surfaces.
- c. Common use of such items as combs, brushes, body powder, vaseline, and razors is prohibited.

III. Accident prevention

A. Lifting and moving

- 1. Never lift heavy residents or objects unaided.
- 2. Use proper body mechanics.
 - a. Keep back straight.
 - b. Place feet apart with one slightly ahead of the other.
 - c. Stand close to object or person to be lifted.
 - d. Roll resident toward you.
 - e. Carry objects close to your body to prevent muscle strain.

- f. Bend at hips and knees.
 - g. Use arm and leg muscles to lift.
 - h. Push, pull, slide, and roll whenever possible. (Activity 5)
- 3. Use lift sheet. (Folded draw sheet or top sheet)
 - 4. Use mechanical lift.

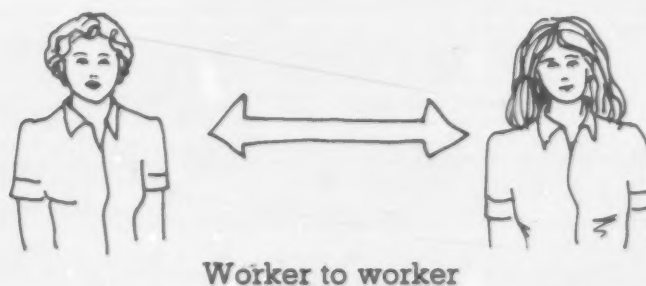
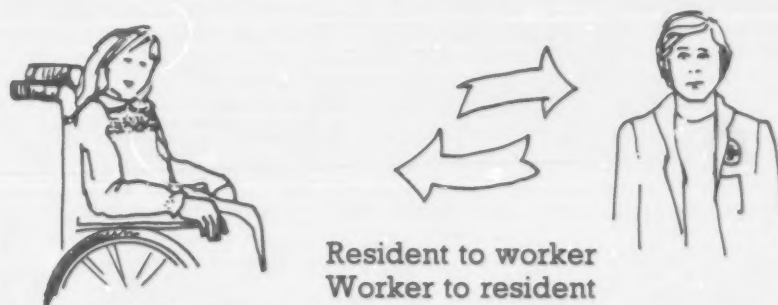
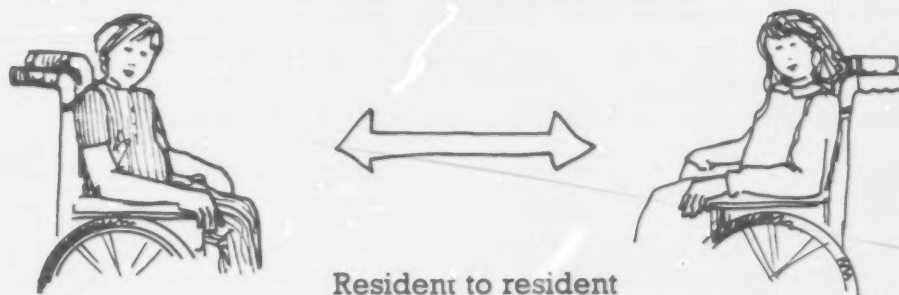
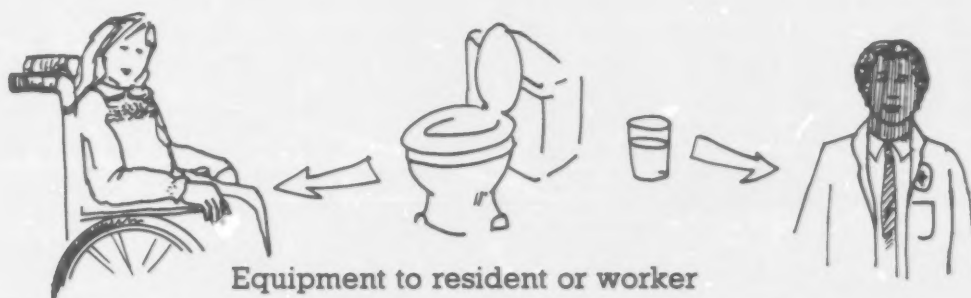
B. Safety tips (HO 3)

IV. Summary and conclusion

- A. The environment
- B. Infection control
- C. Accident prevention

In this lesson you have learned how to protect yourself and the resident from injury and disease.

Ways Organisms Are Spread



EPIDEMIOLOGY

(the science of the occurrence of disease)

for there is more disease in a health facility than in ordinary households.

Health is desirable - Disease is undesirable

So, in order to control disease we must know why it exists and how it develops.
Then we can strike at its most vulnerable spot.

A Chain of Events creates disease.

If any link is broken,
disease will not develop.

**A simple thing like Handwashing
can break the chain!**



The Six Links of the Chain

First Link-Causative Agent:
(bacteria, parasite, virus)



Introducing Geri Germ,
the awful organism who
causes disease.

**Second Link-Reservoir for
Causative Agent:**
(sick person or animal)



A place where Geri can
live.

**Third Link-Mode of escape
from reservoir:** (respiratory
tract, intestinal tract, urinary
tract, blood stream)



Geri uses all of these as escape
routes.

Fourth Link-Mode of Transmission from reservoir to new host (person):



Direct: Sneeze, cough, bite, shots, open lesions, physical contact.



Indirect: Vector (rats, mice, roaches, flies), food, air, or water on articles.

Fifth Link-Mode of entry into new host (person): (breathing, eating, breaks in skin.)
Nursing Procedures.



Sixth Link-A susceptible host:
(low resistance, no immunity)



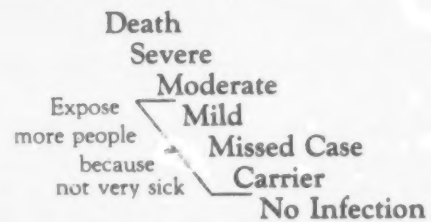
"Infection" means an organism is present and multiplying in the body.

"Disease" is the visible interaction between the organism and the infected body.

"Symptoms" are fever, rash, malaise, nausea, and diarrhea.

The Severity of Diseases depends on the strength of the opposing forces.

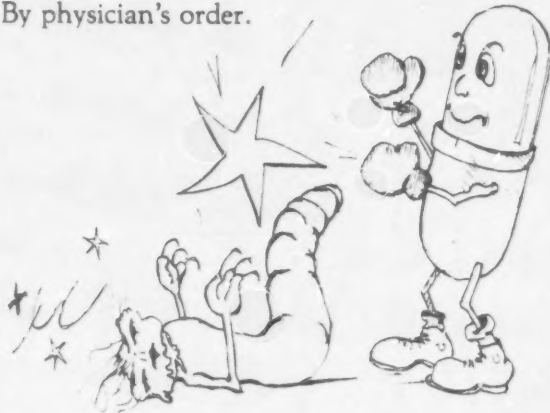
Levels of Severity



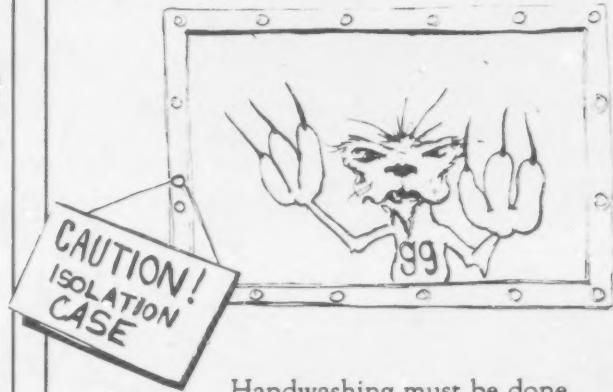
Control Measures

Prevent Spread: (Medication to kill organisms.)

By physician's order.



Isolate the sick person:
Study special nursing procedures.



Handwashing must be done.

Increase Resistance: keep healthy, immunizations, sleep, eat properly, exercise, good hygiene.



**Minimize ill effects: early diagnosis (regular medical examinations)
Early treatment**



Control Measures

Environmental Sanitation

Geri Germ likes: warm places, moist places, dark places, and dirty, cluttered places.



Environmental Sanitation

Dirt removal and approved sewage disposal.



Double Bucket Mopping.
Study Housekeeping Procedures.

Environmental Sanitation

Clean Air

Pure Water Source



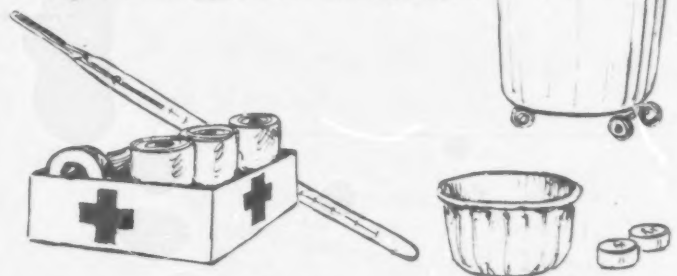
Approved Food Source



Environmental Sanitation

Nursing Procedures

Closed System Irrigation
Proper Linen Handling
Sterile Dressings
Sanitary Medications
Proper Disinfection of Thermometers



Environmental Sanitation

Insect and Rodent Control



Control Measures

Environmental Sanitation

Disinfection (chemical solution)

Sterilization (steam under pressure)

Study Nursing Procedures



STERILIZATION
STEAM UNDER PRESSURE



Environmental Sanitation

WASH HANDS BEFORE AND AFTER



Handwashing is the most important factor

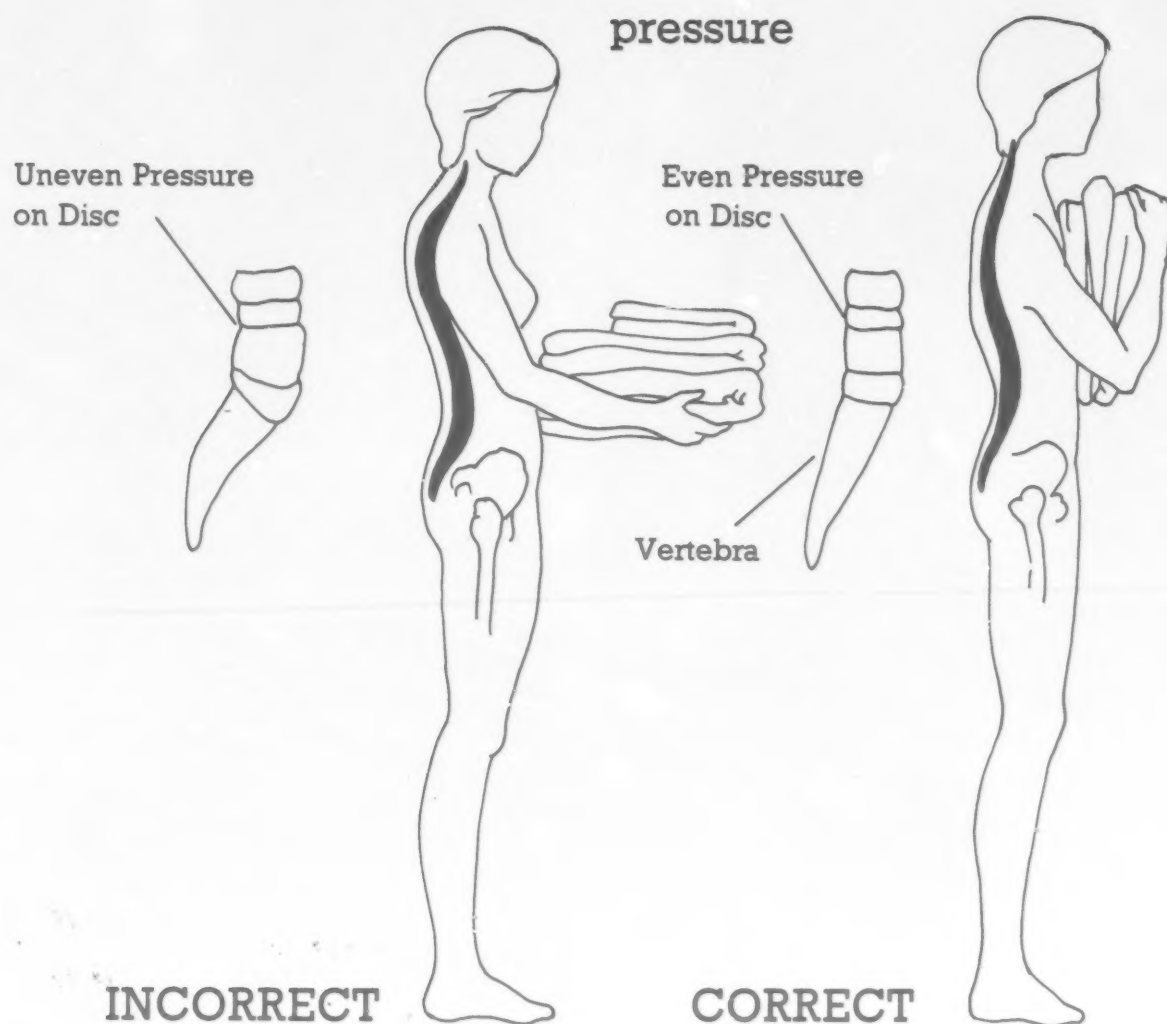
Study other Procedures, all departments.

SAFETY TIPS FOR DEVELOPMENTAL ASSISTANTS

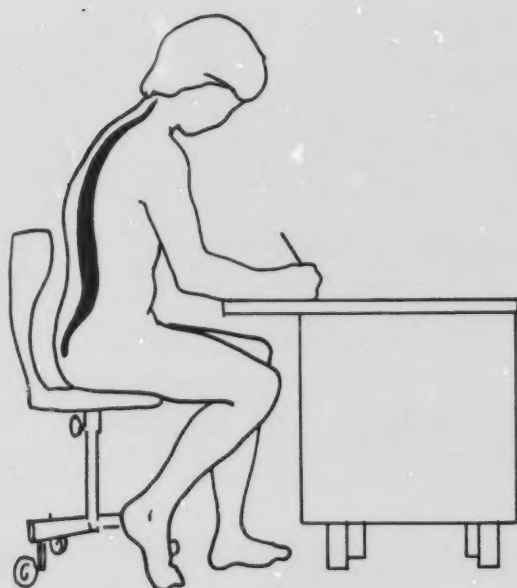
1. Allow smoking only under supervision and in approved areas.
2. Provide large ashtrays in smoking areas.
3. Do not use extension cords except as a temporary measure and then for only one appliance and not more than 6 feet in length.
4. Know location of fire extinguishers and how to use each type.
5. Never prop open a fire door.
6. Use only well-balanced chairs in good repair.
7. Use "safety grip" strips in tubs and showers.
8. Post emergency phone numbers near each telephone.
9. Participate in fire drills.
10. Study and understand the fire evacuation plan.
11. Keep an up-to-date, convenient, portable roster of residents' names.
12. Provide bed rails when necessary.
13. Supervise tub and shower baths.
14. Prohibit use of throw rugs.
15. Provide adequate lighting.
16. Close areas being mopped or waxed to traffic.
27. Store mops, brooms, and carts properly to prevent tripping hazards.
18. Place furniture to allow clear passage to doorways, hallways, and exitways. Do not block exits.
19. Store poisonous drugs and chemicals separate from internal medications and under lock and key.
20. Have antidote list readily available.
21. Use restraints only on physician's order.
22. Know how to properly lift and assist residents.
23. Never pick up broken glass with bare hands.

24. Avoid storing articles on top of lockers, cabinets, and other furnishings.
25. Use proper precautions with combustible cleaning compounds.
26. Use only fire resistant Christmas trees and decorations.
27. Avoid the use of lights on Christmas trees or wreaths. Reflector lights set on the floor may be used.
28. Clean spillage immediately.
29. Allow only trained personnel to operate pressure equipment.
30. Follow instructions in operating pressure equipment.
31. Encourage frequent and thorough handwashing.
32. Care for orthopedic equipment i.e., wheelchairs, braces using facility procedures.
33. Check crutches and walkers to be sure safety grips are present and not torn.

Posture: Correct Standing and Carrying



Posture: Sitting

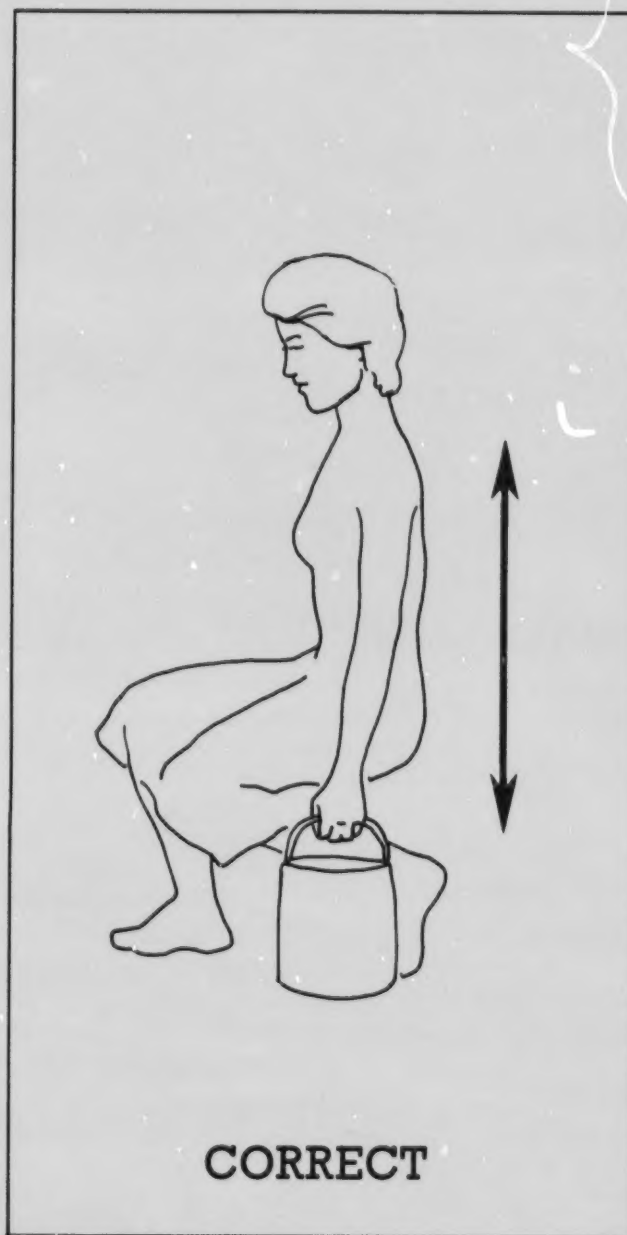


INCORRECT

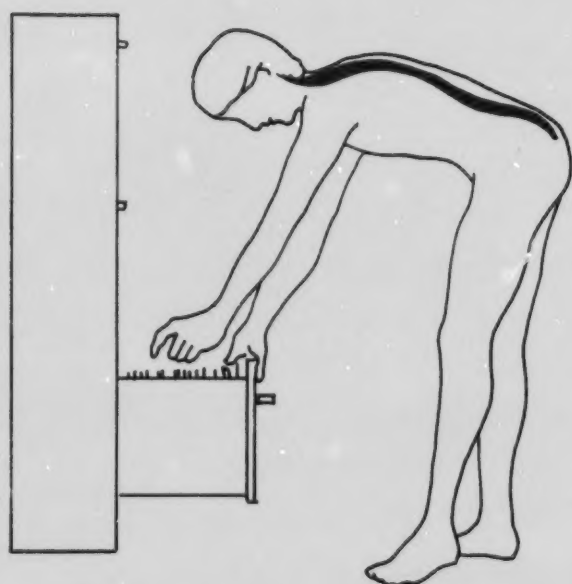


CORRECT

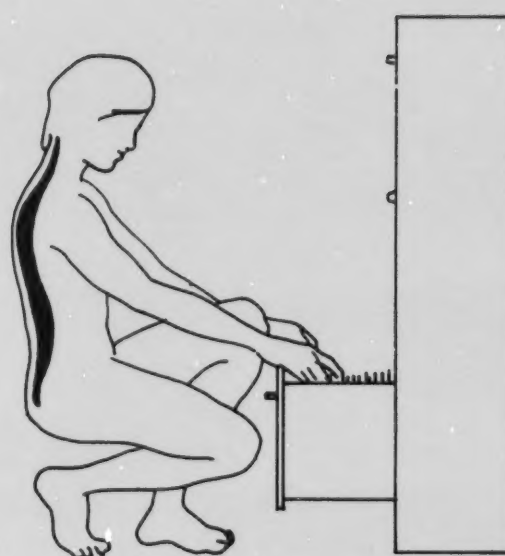
Posture: Correct and Incorrect Lifting



Posture: Correct and Incorrect Alignment

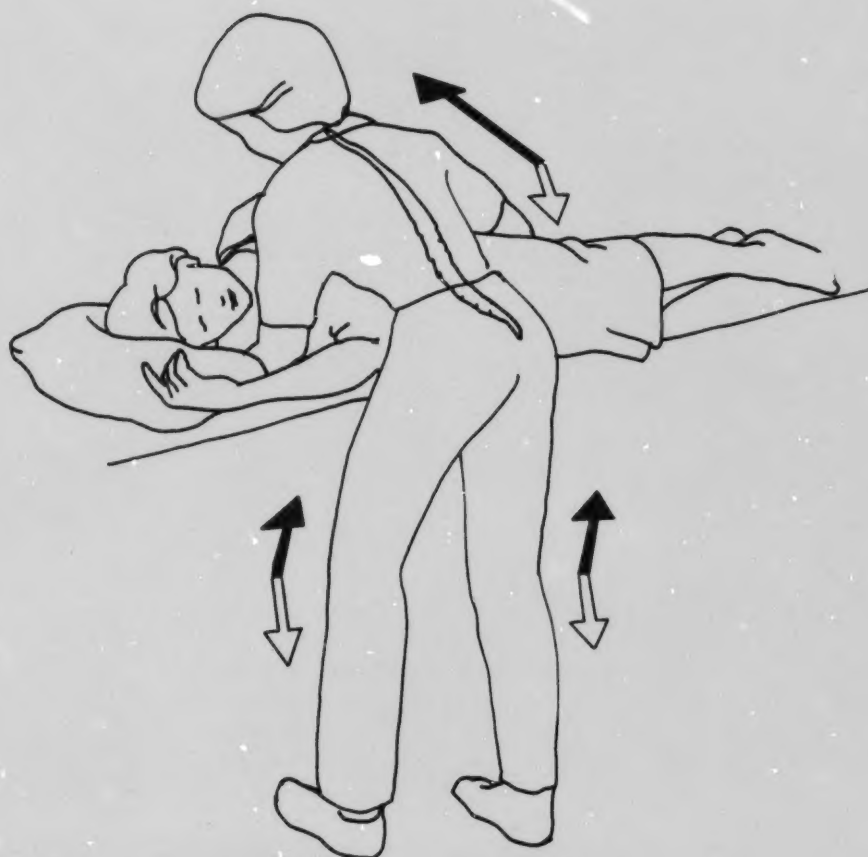


INCORRECT



CORRECT

Body Mechanics for Lifting Residents



Note arrows showing points bent
to take pressure off the back

Ten Commandments of Body Mechanics

1. When you are lifting a resident be sure that the resident knows you are lifting-how you plan to lift-and where you are going to lift the resident to.



6. Straighten your legs to lift.



2. Size up the load to be lifted. Do not attempt to lift alone if you have any doubt about your ability to do so.



7. Lift smoothly to avoid strain produced by jerky movements-get together (1, 2, & 3) with the person helping you.



3. Check your footing. Your feet should be apart to give you a broad base of support (good balance).



8. Shift the position of your feet to turn-never twist your body.



4. Get close to whatever is being lifted-instead of reaching for it. Move in and hold close.



9. Push or pull an object (instead of lifting) whenever you can, and use these same rules. It's safer and easier that way.



5. Get yourself "lined up," i.e., keep your back straight (put on "high midriff") bend at the knees and hips.



10. Spread this gospel to others, so that all of us will lift well and safely.



LESSON PLAN: I

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-I

INTERACTION ITEMS: (Review Items)

1. What areas in the facilities are most frequently utilized by developmental assistants?
2. What three factors are needed to promote infection?
3. What are four ways to control infection?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Have students practice lifting a box using good body mechanics.
3. Show films listed under SUPPLEMENTARY TEACHING/LEARNING ITEMS.

LESSON PLAN: I

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

ANSWERS TO EVALUATION ITEMS

I. Listing:

1. What areas of the facility are primarily utilized by the D.A.?
 - a. Resident bedroom
 - b. Dining room
 - c. Socialization rooms
 - d. Staff office
2. What three factors promote infection?
 - a. Environmental link
 - b. Transmission link
 - c. Susceptible host
3. What are four measures which taken will help to control infection?
 - a. Frequent handwashing
 - b. Routine and sanitary changing of linen
 - c. Disinfecting thermometers
 - d. Sanitary handling of supplies and equipment

II. True - False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

- T 1. It is just as important to provide a handwashing routine for the residents as it is for the DA.
- T 2. Hands are kept lower than the elbows when washing so water runs downward.
- T 3. Linen must be checked for dentures, jewelry, glasses, etc., before placing in the proper receptacle.
- F 4. Thermometers may be rinsed under running hot water.
- F 5. Clean linen can be placed on a dirty surface.
- F 6. Hands do not need to be washed after using the bathroom.
- T 7. Turning off the water faucets with a paper towel after washing your hands helps prevent recontamination.

- F 8. Dirty linen can be held against your clothing without fear of contamination when carrying it to the receptacle.
- F 9. It is permissible to use one comb on several residents.
- T 10. You should wash your hands after smoking.

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

DEMONSTRATION: III-2

WASH HANDS
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

- I. Wash hands according to the steps or procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

INFORMATIONAL ASSIGNMENT: (Student)

None

REFERENCES: (Instructor's Additional Information)

Wormsley, Ann, and Dolecki, Yolanda. Medication Technician. Columbia, MO: Instructional Materials Laboratory, University of Missouri-Columbia, 1978.

INTRODUCTION:

The procedure for washing hands is extremely important; a basic control of microorganisms depends upon clean hands. Handwashing should be performed at specific times in certain procedures and at any other time the developmental assistant questions the cleanliness of his/her hands. In performing the following demonstration, you must remember that you do not turn water controls during the procedure; otherwise, you will contaminate your hands from the controls. Keep hands level or lower than elbows to keep surface bacteria from running up the forearm.

The following are recommended handwashing-routine time schedules: 1) two minutes or 120 strokes when you first come on duty; 2) 30 seconds or 30 strokes between contact with residents and 3) 60 seconds or 60 strokes after caring for an infectious resident or after handling contaminated materials.

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-2

TOOLS, EQUIPMENT, AND MATERIALS:

Water
Soap
Paper towels
Wastebasket
Hand Lotion

STEPS OF PROCEDURE:

1. Turn on water with knee, foot, or hand controls; adjust temperature.
CAUTION: Do not turn controls during procedure.
2. Wet hands thoroughly, including 2" to 3" above wrist.
3. Apply soap to hands generously.
4. Rub hands together vigorously for one to three minutes to get into crevices and between finger joints.
5. Interlace fingers.
6. Rub fingernails in palms to get suds under fingernails.
7. (Optional) Use orange stick.
8. Rinse thoroughly until all traces of soap are removed.
9. Keep hands level or lower than elbows.
10. Dry well with disposable towels using one for each hand.
11. Turn off faucet with paper towel before discarding.
12. (Optional) Apply hand lotion.

Summary and conclusion

1. Ask Interaction Items 1-3.
2. Review steps of procedure.
3. Divide into groups and practice handwashing. When you are ready, you will be evaluated according to the checklist in your handbook.

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-2

INTERACTION ITEMS: (Review Items)

1. Why are the controls not turned during the handwashing procedure?
2. Why do we keep our hands level or lower than our elbows during handwashing procedure?
3. What are the recommended routine time schedules for handwashing?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITY:

1. Divide students into groups to practice and demonstrate handwashing.

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-2

EVALUATION ITEMS:

NAME OF STUDENT: _____

WASH HANDS

Equipment:

1. Water
2. Soap
3. Paper towels
4. Wastebasket
5. Hand lotion

Did the student:	Yes	No
1. Touch water controls during procedure? _____		
2. Wet hands 2" to 3" above wrist? _____		
3. Apply soap generously? _____		
4. Rub hands vigorously 1 to 3 minutes? _____		
5. Interlace fingers? _____		
6. Rub under fingernails? _____		
7. (Optional) Use orange stick? _____		
8. Rinse thoroughly? _____		
9. Keep hands level or lower than elbows? _____		
10. Dry hands with separate disposable towel for each hand? _____		
11. Turn off faucet with paper towel before discarding? _____		
12. (Optional) Apply hand lotion? _____		

The student has satisfactorily completed the procedure "WASH HANDS" according to the steps outlined.

Yes _____ No _____

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

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LESSON PLAN: 3COURSE TITLE: Basic Paraprofessional TrainingUNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

INFORMATION TOPIC: III-3

BODY SYSTEMS
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. List 11 body systems.
2. Match one body function to each system.
3. Name two structures in each body system.
4. List eight steps that promote health.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Skeleton
2. Wall charts
3. HO 1: Body System Graphics - Musculoskeletal System
4. HO 2: Body System Graphics - Nervous System
5. HO 3: Body System Graphics - Sensory System
6. HO 4: Body System Graphics - Sensory System Continued
7. HO 5: Body System Graphics - Circulatory System
8. HO 6: Body System Graphics - Cardiovascular System
9. HO 7: Body System Graphics - Heart
10. HO 8: Body System Graphics - Respiratory System
11. HO 9: Body System Graphics - Digestive System
12. HO 10: Body System Graphics - Urinary System
13. HO 11: Body System Graphics - Male Reproductive System
14. HO 12: Body System Graphics - Female Reproductive System
15. HO 13: Body System Graphics - Endocrine System
16. HO 14: Body System Graphics - Integumentary System
17. HO 15: Body System Graphics - Lymphatic System

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Haber, Judith, et. al. Comprehensive Psychiatric Nursing. St. Louis, MO: McGraw-Hill Book Co., Inc., 1978, pp. 406-439.

Memmler, Ruth L. and Wood, Dena L. The Human Body and Disease. 4th ed. Philadelphia: J. B. Lippincott Co., 1977.

Memmler, Ruth L. and Wood, Dena L. Structure and Function of the Human Body. 2nd ed. Philadelphia: J. B. Lippincott Co., 1977.

INTRODUCTION:

A basic knowledge of the structure and function of the body systems will assist you in recognizing deviations from the normal. This is especially important when planning the resident's care. In this lesson, we will examine each system and its structure and function.

LESSON PLAN: 3

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-3

OUTLINE: (Key Points)

- I. Body plan
 - A. Cells - basic unit of all life
 - B. Tissues - specialized group of cells
 - C. Organs - tissues performing a single function
 - D. Systems - group or groups of organs having specific functions
- II. Musculoskeletal system (HO 1)
 - A. Structure
 1. Bones
 2. Joints
 3. Skeletal muscles
 - B. Function
 1. Skeleton
 - a. Support
 - b. Protect
 - c. Provide leverage
 - d. Produce blood cells
 - e. Store calcium
 2. Muscles
 - a. Movement
 - b. Heat production

- c. Posture
- d. Protection

III. Nervous System (HO 2)

A. Structure

- 1. Central nervous system
 - a. Brain
 - b. Spinal cord
- 2. Peripheral nervous system
 - a. Spinal nerve
 - b. Cranial nerves

B. Function

- 1. Controls body activities
- 2. Coordinates body activities

IV. Sensory System (HO 3 and 4)

A. Structure

- 1. Eye
- 2. Ear
- 3. Nose
- 4. Mouth and throat
- 5. Skin (integumentary system)

B. Function

- 1. Vision
- 2. Hearing
- 3. Balance
- 4. Smell

5. Taste
6. Touch (integumentary system)

V. Circulatory system (HO 5)

VI. Cardiovascular system (HO 6 and 7)

A. Structure

1. Heart
2. Blood vessels
3. Blood

B. Function

1. Carries nutrients and oxygen to cells by way of blood vessels
2. Removes waste from cells

VII. Respiratory System (HO 8)

A. Structure

1. Nose
2. Mouth
3. Pharynx
4. Larynx
5. Trachea
6. Lungs
7. Bronchi
8. Bronchioles
9. Alveoli

B. Function

1. Provides oxygen to cells
2. Removes wastes in form of carbon dioxide

VIII. Digestive system (HO 9)

A. Structure

1. Mouth
2. Esophagus
3. Stomach
4. Liver
5. Gall bladder
6. Small intestines
7. Large intestines

B. Function

1. Ingests food
2. Prepares food for use by the body
3. Excretes wastes

IX. Urinary system (HO 10)

A. Structure

1. Kidneys
2. Ureters
3. Bladder
4. Urethra

B. Function

1. Produces urine
2. Removes wastes from blood stream
3. Maintains homeostasis (stability)

X. Reproductive System

A. Structure

1. Male (HO 11)

- a. Testes
 - b. Prostate
 - c. Penis
 - d. Urethra
 - e. Ducts
2. Female (HO 12)
 - a. Ovaries
 - b. Fallopian tubes
 - c. Uterus
 - d. Vagina

B. Function - reproduces a new individual

XI. Endocrine system (HO 13)

A. Structure

1. Pituitary
2. Thyroid
3. Thymus
4. Parathyroid
5. Adrenal
6. Pancreas
7. Testes

B. Function

1. Secretes hormones to regulate body processes of growth and development
2. Regulates body functions
3. Regulates metabolism
4. Regulates reproduction

XII. Integumentary system (HO 14)

A. Structure

1. Skin
2. Nails
3. Hair
4. Sebaceous (oil) glands
5. Sweat glands

B. Function

1. Provides protective covering for the body
2. Regulates temperature
3. Excretes wastes
4. Manufactures Vitamin D

XIII. Lymphatic system (HO 15)

A. Structure

1. Lymph
2. Lymph nodes
3. Tonsils
4. Thymus
5. Spleen

B. Function

1. Produces antibodies
2. Manufactures lymphocytes (white blood cells)
3. Filters impurities such as dead cells

XIV. Steps that promote health

- A. Proper diet
- B. Adequate rest and exercise
- C. Dress according to seasons
- D. Regular check-ups with physician
- E. Express feelings in healthy ways
- F. Maintain balance between work and play
- G. Learn to relax
- H. Learn healthy ways of coping with stress

XV. Summary and conclusion

- A. Body plan
- B. Musculoskeletal system
- C. Nervous system
- D. Sensory system
- E. Circulatory system
- F. Cardiovascular system
- G. Respiratory system
- H. Digestive system
- I. Urinary system
- J. Reproductive system
- K. Endocrine system
- L. Integumentary system
- M. Lymphatic system
- N. Steps that promote health

In this lesson, we have examined 11 body systems, their structure and function, and steps toward maintaining health.

The Musculoskeletal System

FUNCTION:

Skeleton

1. Support
2. Protection
3. Leverage
4. Production of Blood Cells
5. Store Calcium

Muscles

1. Movement
2. Heat Production
3. Posture
4. Protection

CRANIUM (SKULL)

CLAVICLE

SCAPULA

HUMEROUS

ULNA

VERTEBRAE

RADIUS

HIP

COCCYX

FEMUR

PATELLA

FIBULA

TIBLA

RECTUS
ABDOMINIS

QUADRICEPS
FEMORIS GROUP

DELTOID

BICEPS

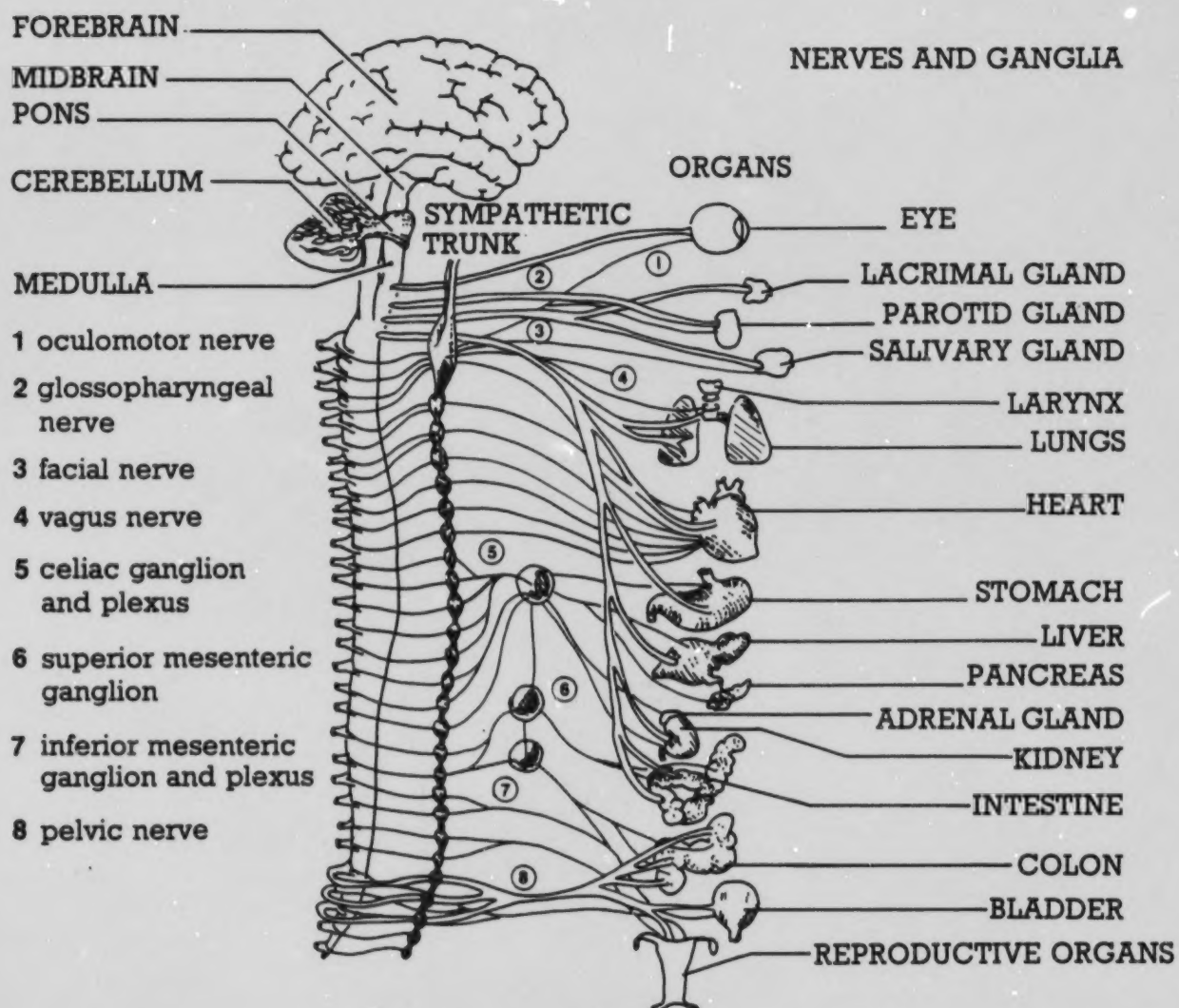
GASTROCNEMIUS

The Nervous System

FUNCTION:

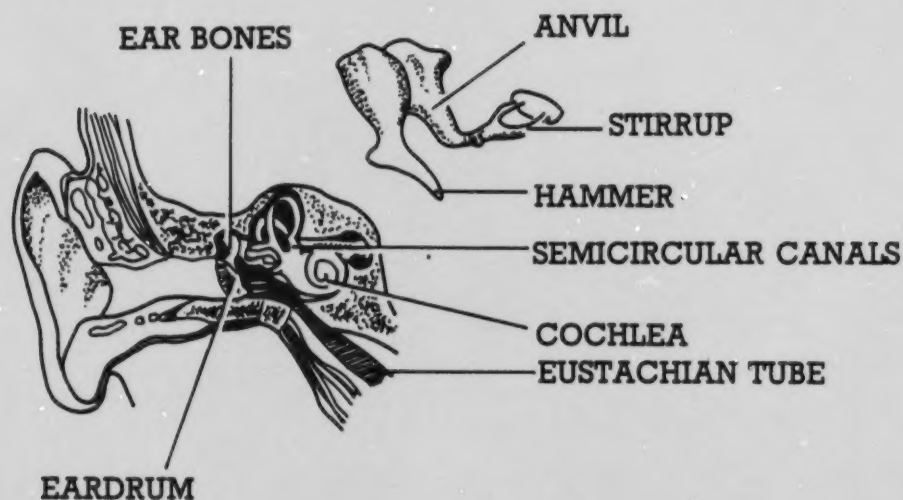
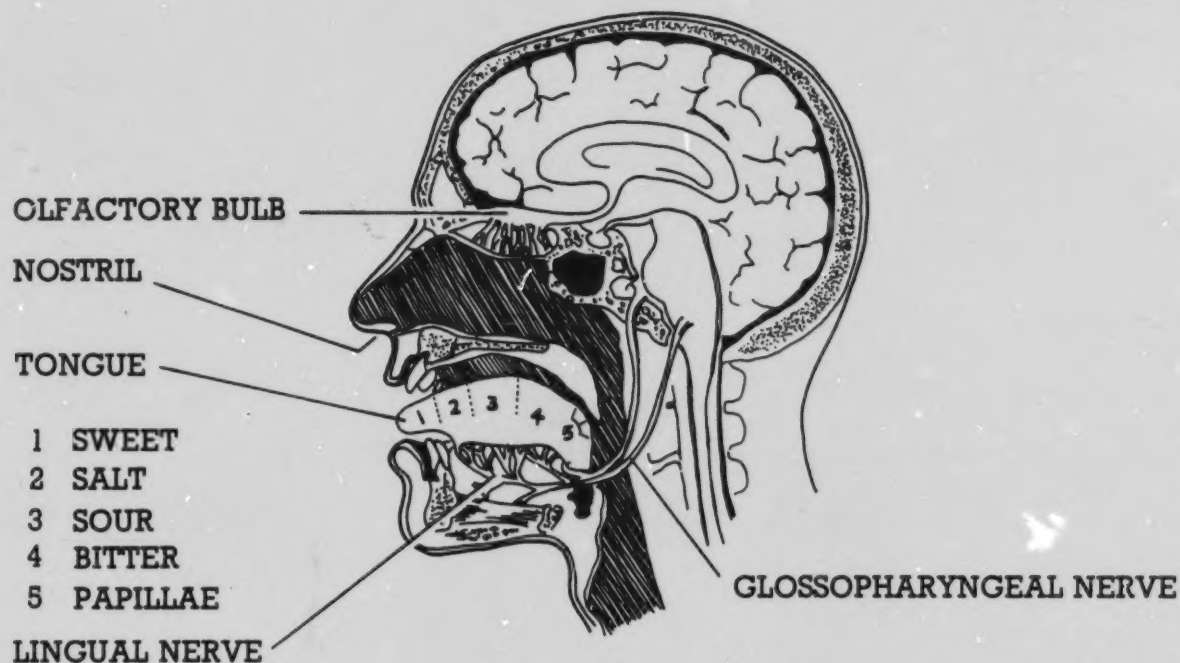
1. Controls Body Activities
2. Coordinates Body Activities

BRAIN STEM AND SPINAL CORD



The Sensory System

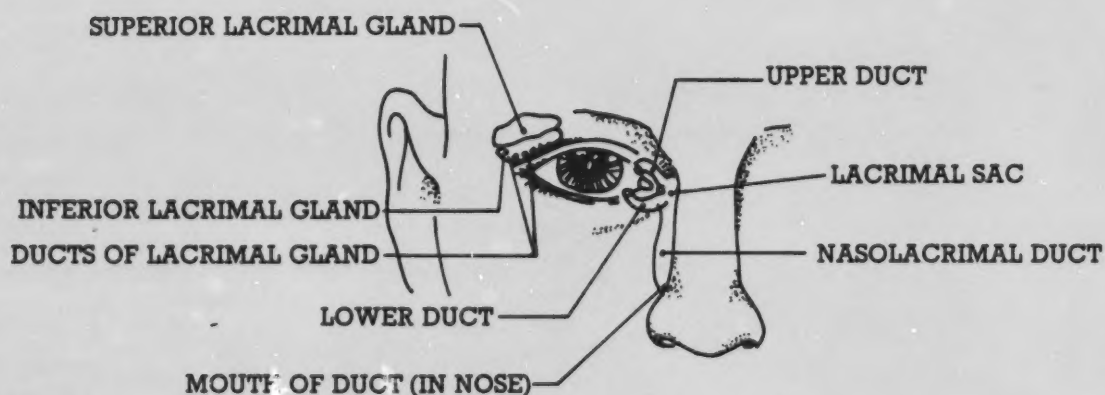
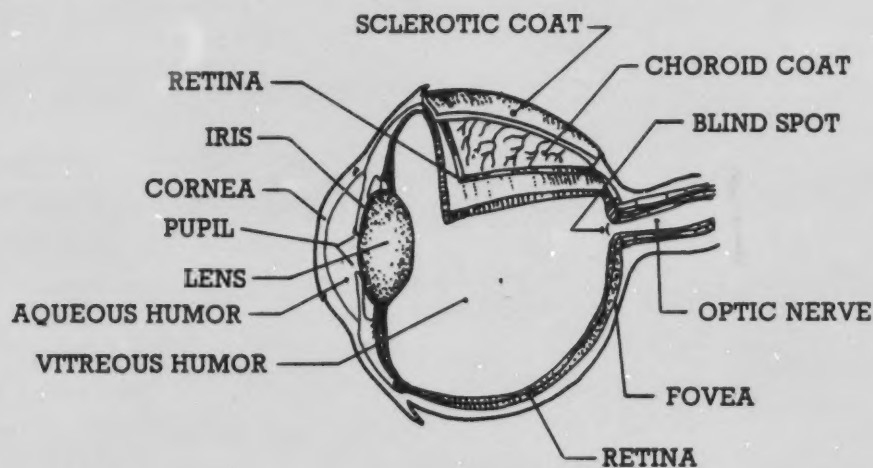
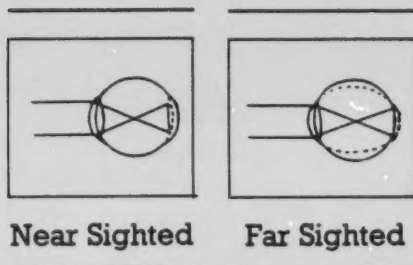
Organs of Taste, Smell, And Hearing



The Sensory System

FUNCTIONS OF THE SENSORY SYSTEM:

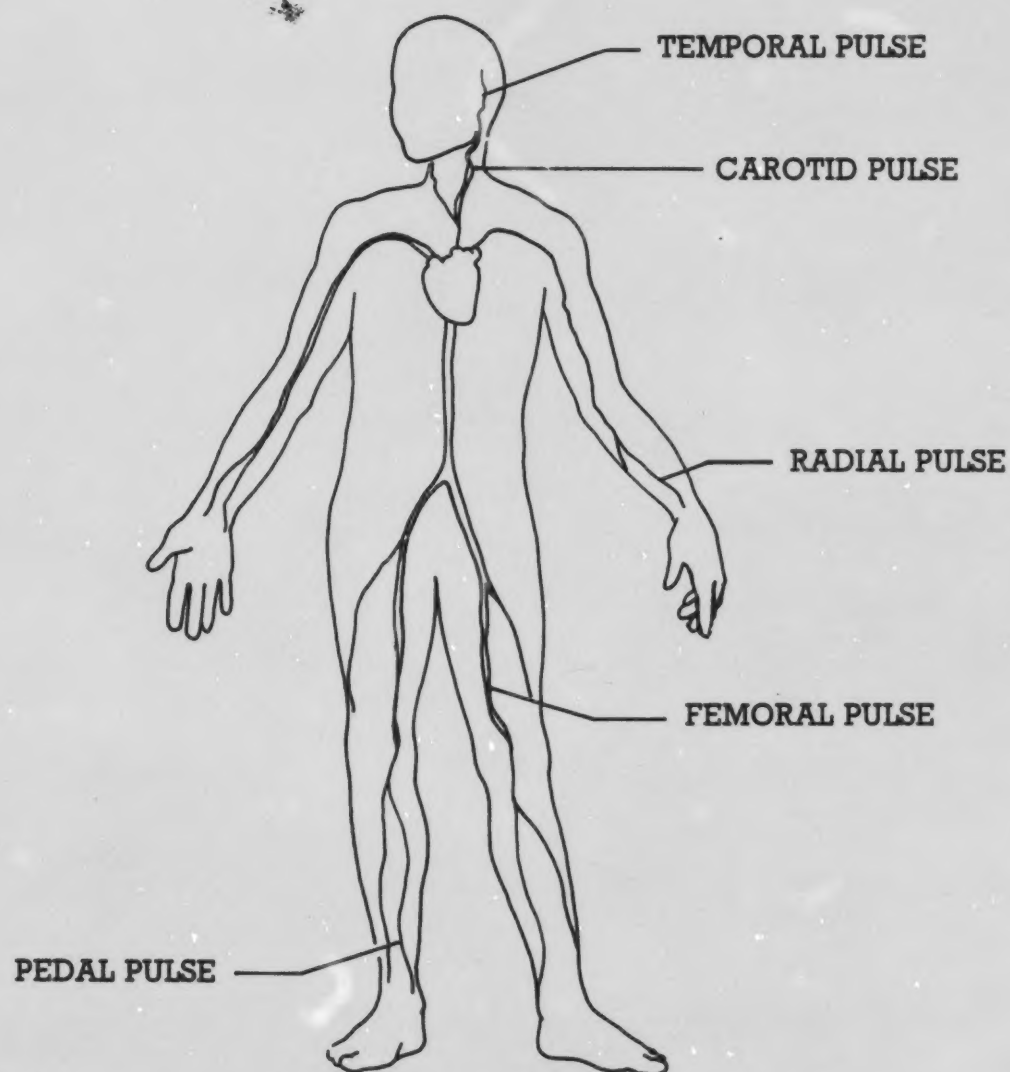
- | | |
|------------|----------|
| 1. VISION | 4. SMELL |
| 2. HEARING | 5. TASTE |
| 3. BALANCE | 6. TOUCH |
- (See Integumentary System)



LACRIMAL APPARATUS

The Circulatory System

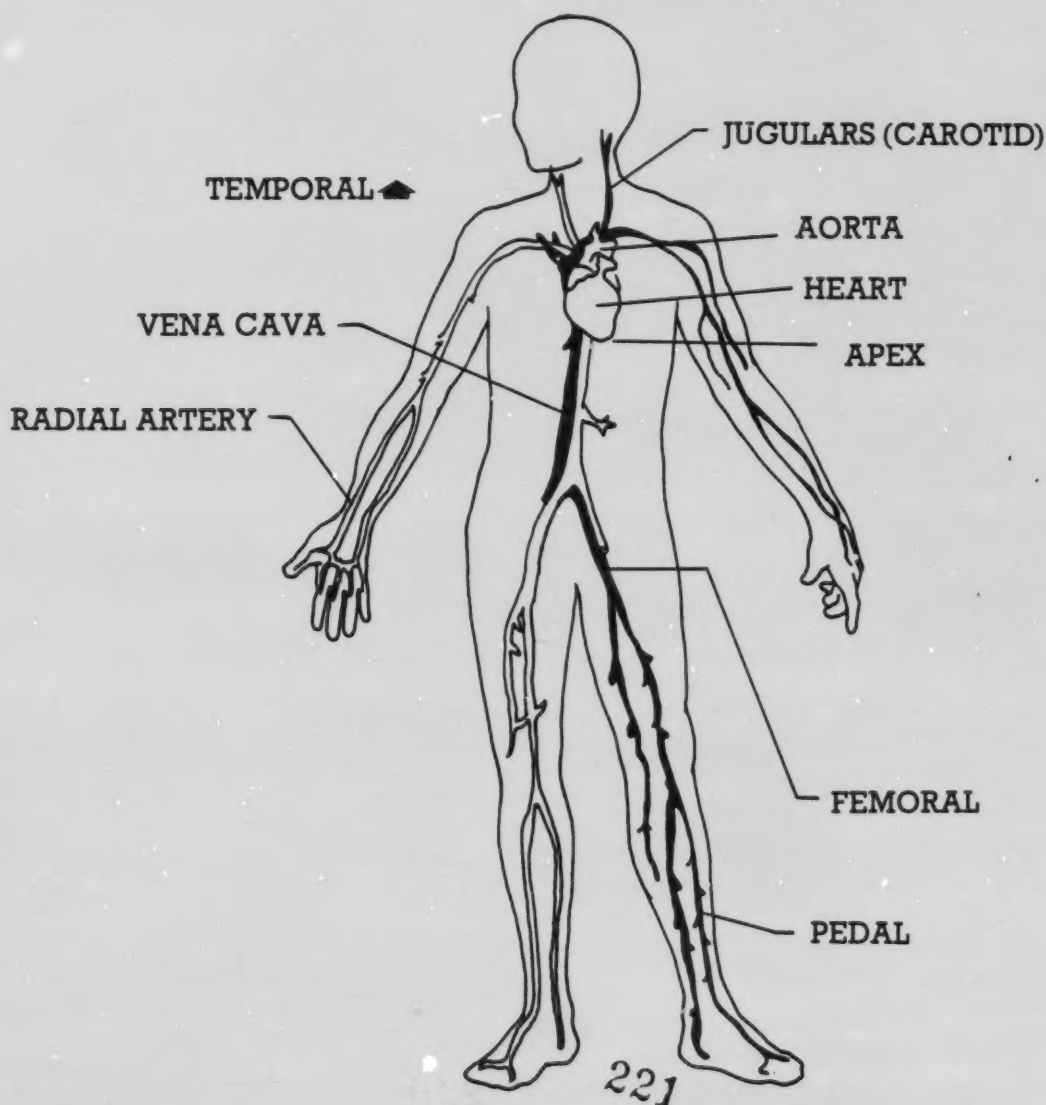
Primary Pulse Points



The Cardiovascular System

FUNCTION:

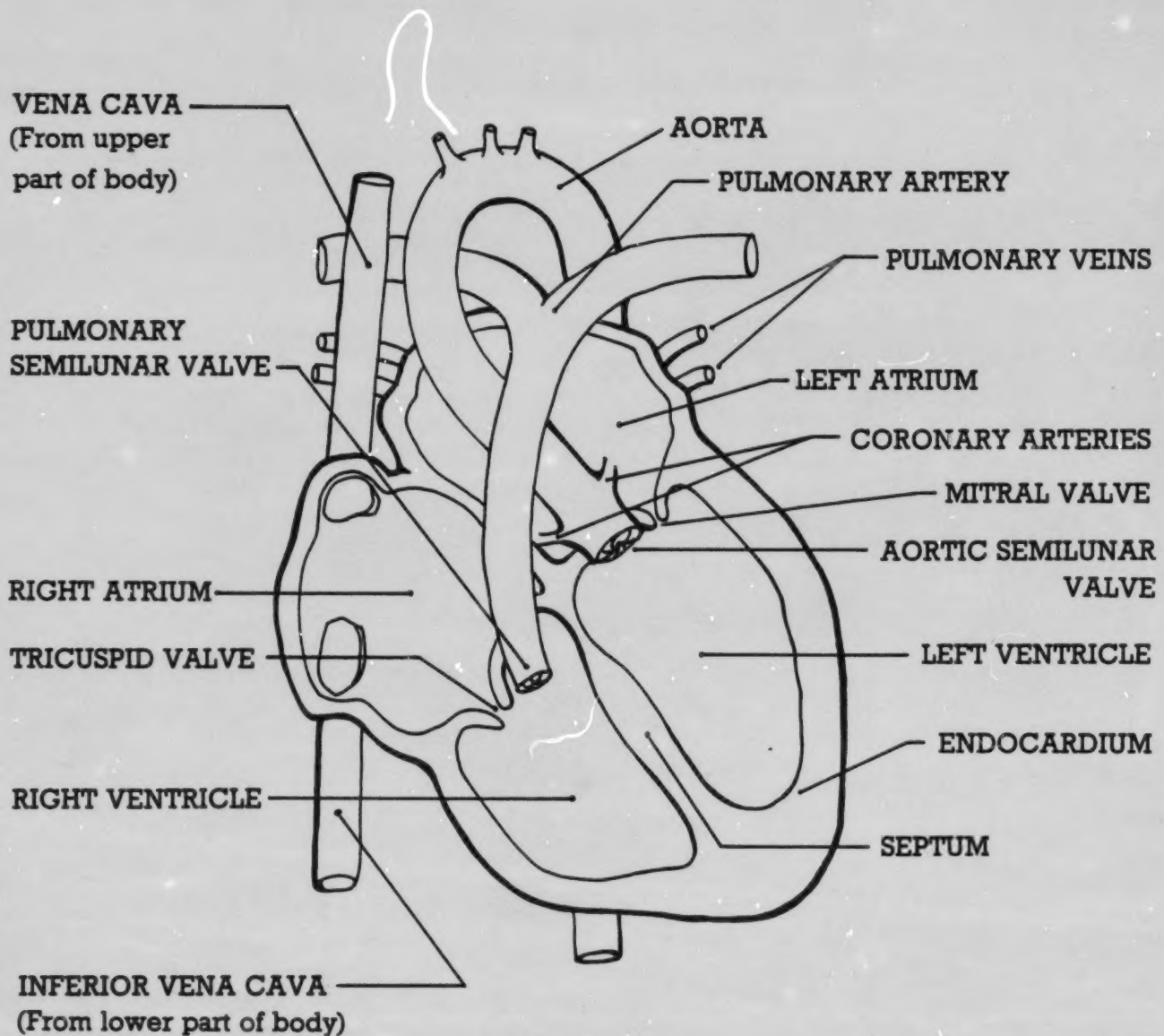
1. Carries Nutrients And Oxygen To Cells By Way Of Blood Vessels
2. Removes Waste From Cells



The Heart

FUNCTION:

Pumps Blood Through The Blood Vessels

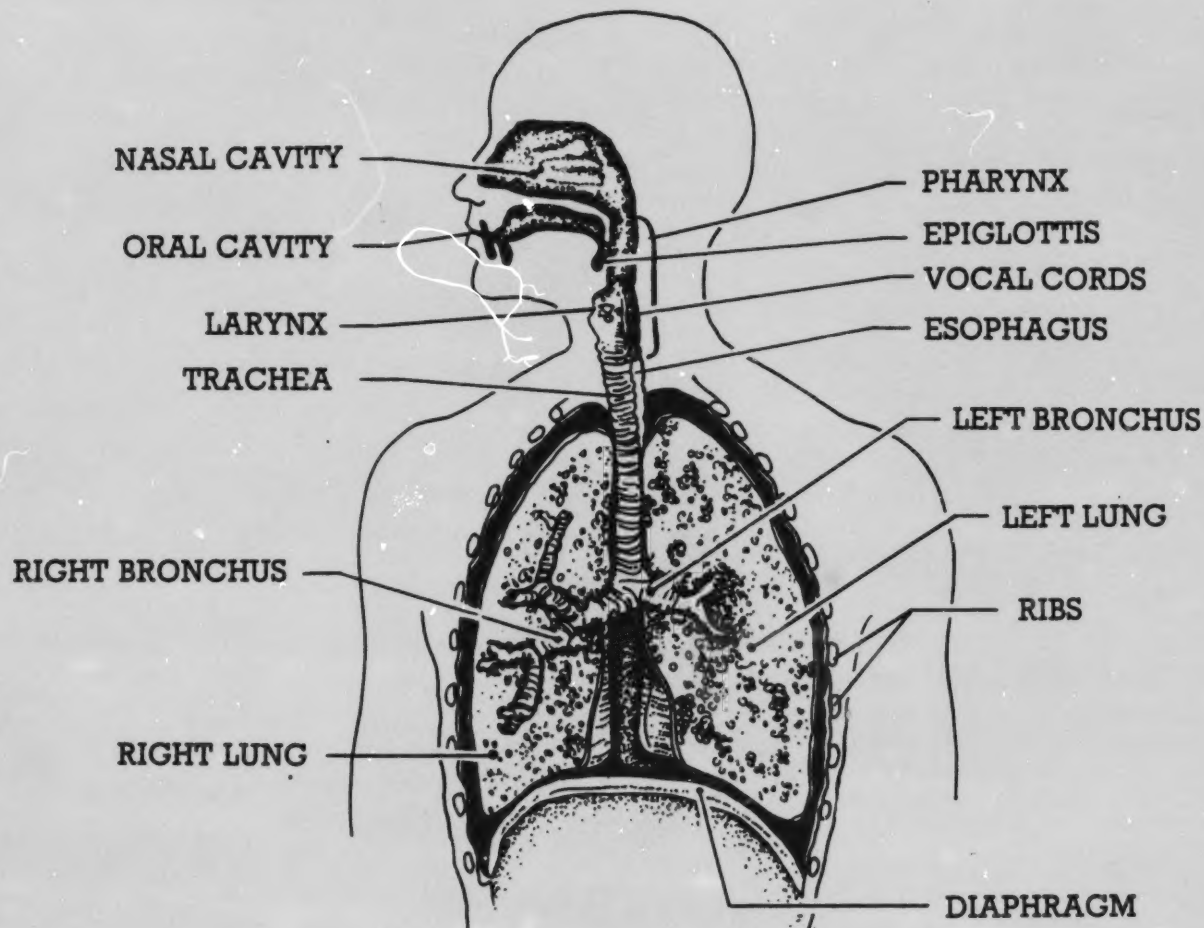


Respiratory System

FUNCTION:

Provides Oxygen To Cells

Removes Wastes In The Form Of CO_2



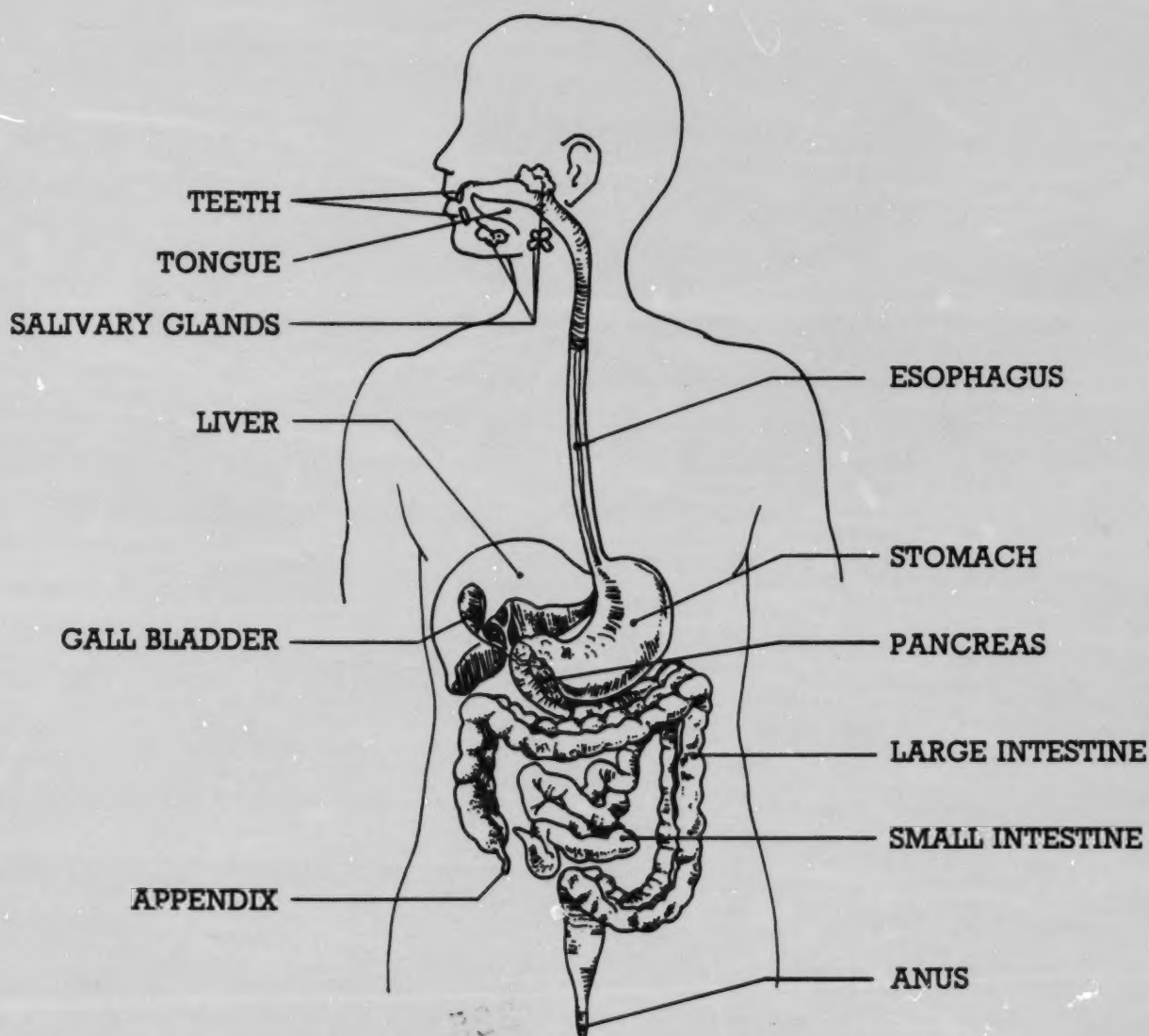
Digestive System

FUNCTION:

Ingests Food

Prepares Food For Use By The Body

Excretes Wastes



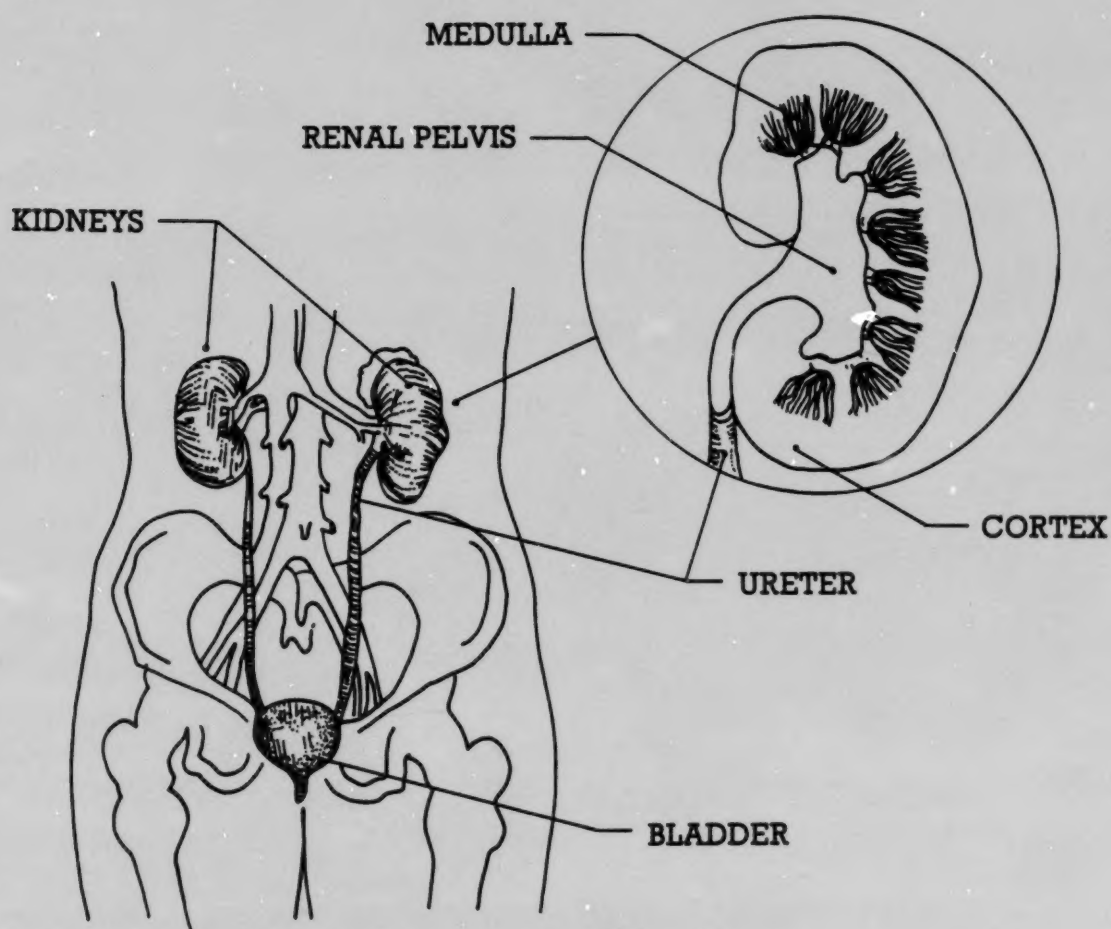
The Urinary System

FUNCTION:

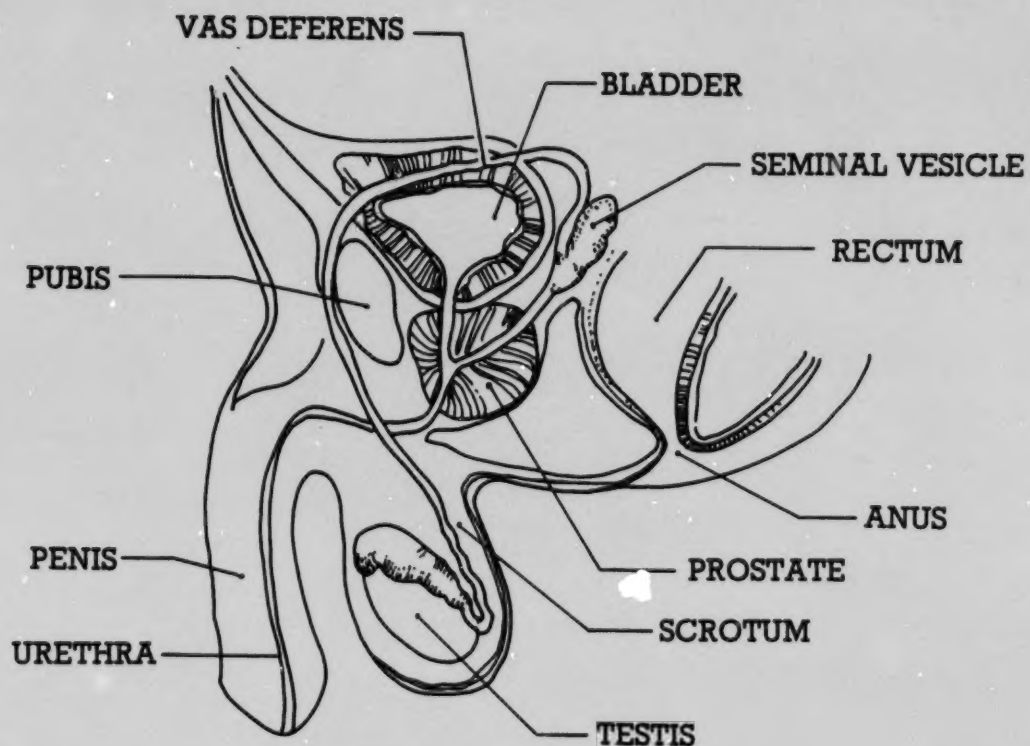
Produces Urine

Removes Wastes From Blood Stream

Maintains Homeostasis

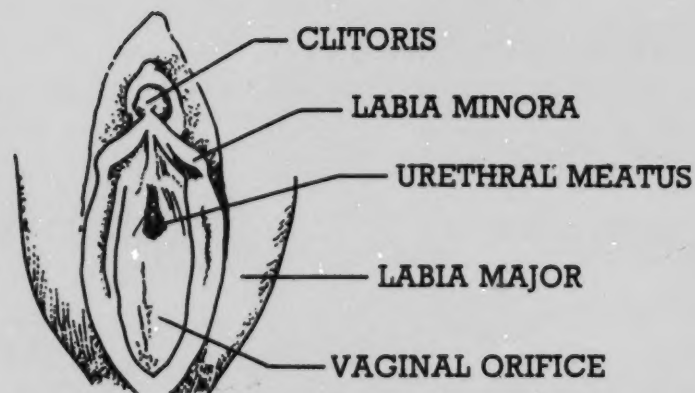
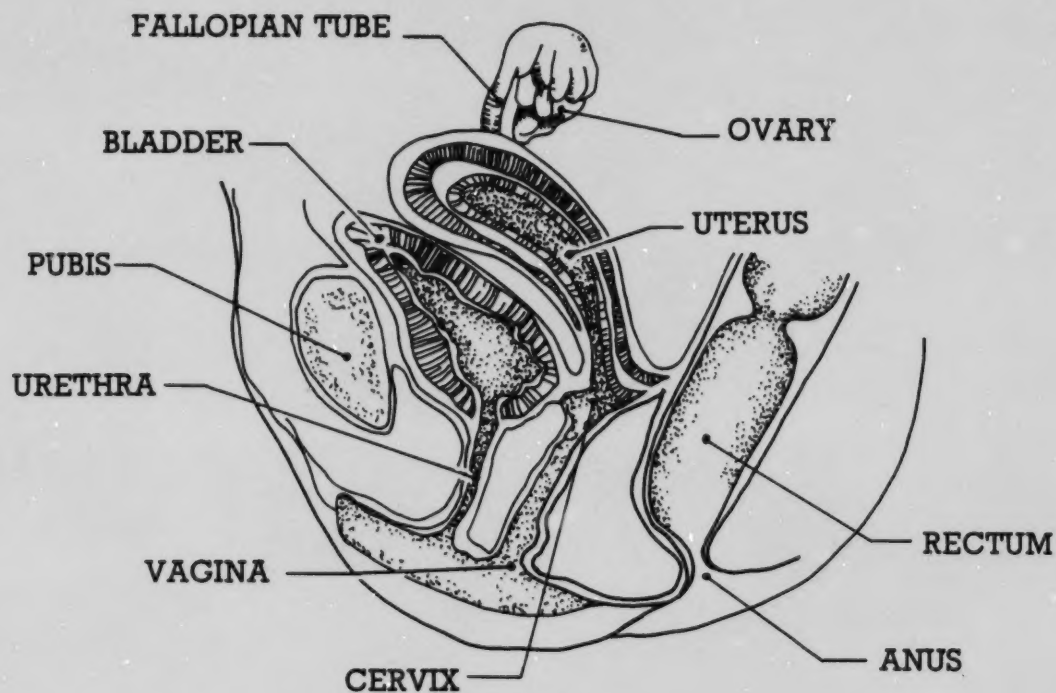


Male Reproductive System



Female Reproductive System

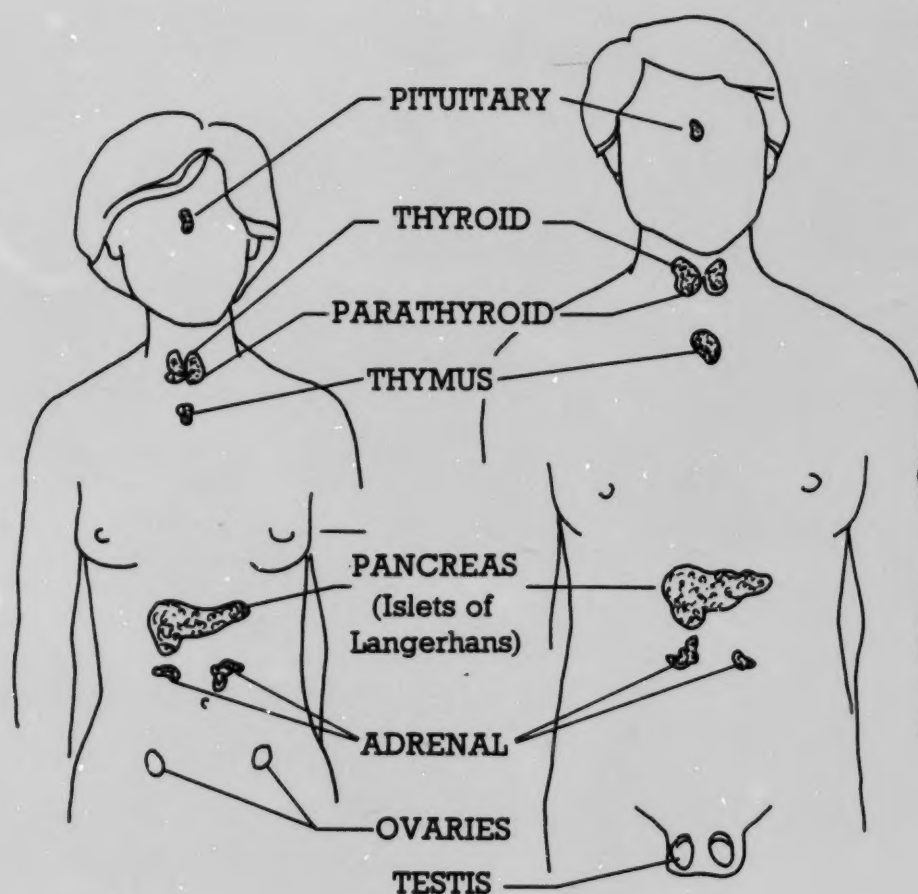
FUNCTION: Reproduces Organisms Like Itself



Endocrine System

FUNCTION:

Secretes Hormones To Regulate Body Processes Of
Growth And Development,
Regulates Body Functions, Metabolism And Reproduction



Integumentary System

Major Organ: Skin

FUNCTION:

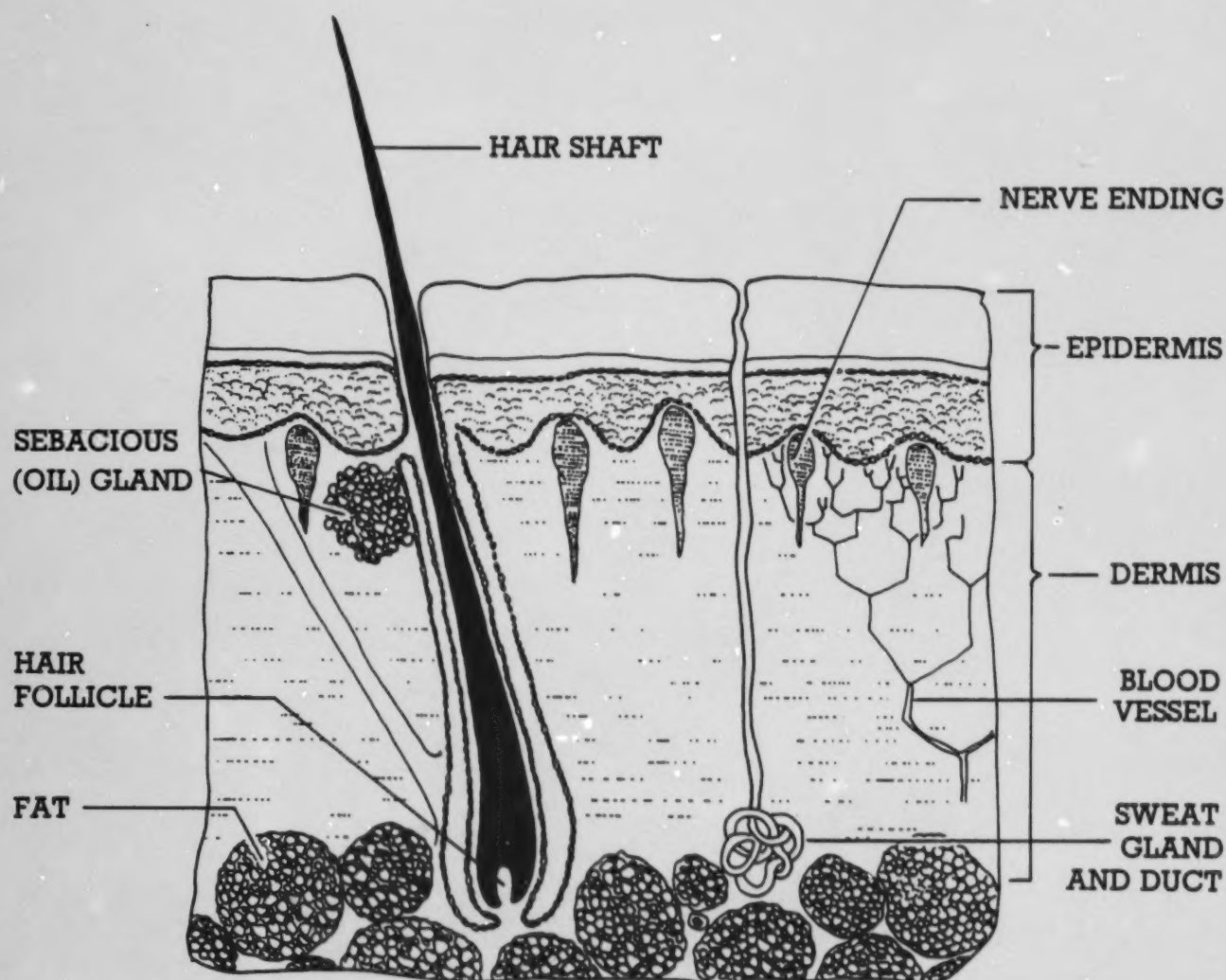
Protects The Body

Regulates Temperature

Discharges Waste

Manufactures Vitamin D

Makes Human Appearance Presentable

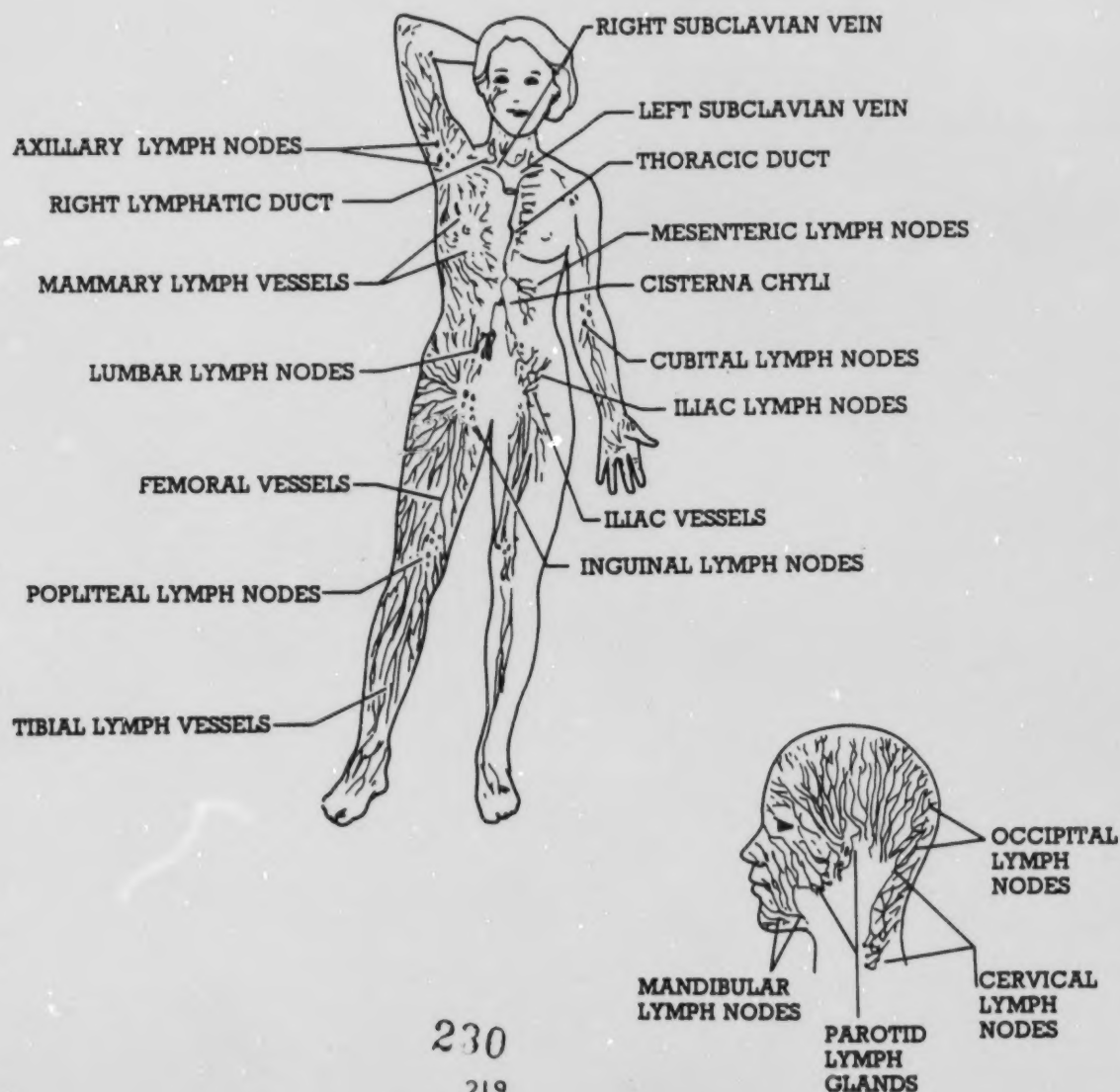


The Lymphatic System

FUNCTIONS OF THE LYMPHATIC SYSTEM

1. Produces Antibodies
2. Manufactures (Lymphocytes) White Blood Cells
3. Filters Impurities Such As Dead Cells

LYMPH NODES AND VESSELS OF THE HEAD AND BODY



LESSON PLAN: 3

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-3

INTERACTION ITEMS: (Review Items)

1. What are the 11 body systems?
2. Why should the developmental assistant be able to identify the functions of the body systems?
3. What steps promote health?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Have students examine skeleton or available visual aids.
2. Discuss steps the students take in promoting health for themselves and/or their families.

LESSON PLAN: 3

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

ANSWERS TO EVALUATION ITEMS

I. Listing

1. List five body systems and name two structures in each of the systems listed

A. Musculoskeletal system

1. Bones
2. Joints
3. Skeletal muscles

B. Cardiovascular system

1. Heart
2. Blood vessels
3. Blood

C. Respiratory System

1. Nose
2. Mouth
3. Pharynx
4. Larynx
5. Trachea
6. Lungs
7. Bronchi
8. Bronchioles
9. Alveoli

D. Nervous System

1. Central nervous system
 - a. Brain
 - b. Spinal cord
2. Peripheral nervous system
 - a. Spinal nerve
 - b. Cranial nerves

E. Sensory System

1. Eye
2. Ear
3. Nose
4. Mouth and throat
5. Skin (integumentary system)

F. Digestive system (HO 9)

1. Mouth
2. Esophagus
3. Stomach
4. Liver
5. Gall bladder
6. Small intestines
7. Large intestines

G. Urinary system (HO 10)

1. Kidneys
2. Ureters
3. Bladder
4. Urethra

H. Reproductive System

1. Male

- a. Testes
- b. Prostate
- c. Penis
- d. Urethra
- e. Ducts

2. Female

- a. Ovaries
- b. Fallopian tubes
- c. Uterus
- d. Vagina

I. Endocrine system

- 1. Pituitary
- 2. Thyroid
- 3. Thymus
- 4. Parathyroid
- 5. Adrenal
- 6. Pancreas
- 7. Testes

J. Integumentary system

- 1. Skin
- 2. Nails
- 3. Hair
- 4. Sebaceous (oil) glands
- 5. Sweat glands

K. Lymphatic system

1. Lymph
2. Lymph nodes
3. Tonsils
4. Thymus
5. Spleen

2. List four steps you can take that will promote health.

- A. Proper diet
- B. Adequate rest and exercise
- C. Dress according to seasons
- D. Regular check-ups with physician
- E. Express feelings in healthy ways
- F. Maintain balance between work and play
- G. Learn to relax
- H. Learn healthy ways of coping with stress

II. Matching:

Match one body function to each system

- | | |
|--------------------|-----------------|
| a. Cardiovascular | g. Nervous |
| b. Digestive | h. Reproductive |
| c. Endocrine | i. Respiratory |
| d. Integumentary | j. Sensory |
| e. Lymphatic | k. Urinary |
| f. Musculoskeletal | |

- i 1. Vision, hearing and balance
- f 2. Gives body movement and support
- g 3. Controls and coordinates body activities
- b 4. Prepares food for use and excretes wastes

- i 5. Provides oxygen for cells
- a 6. Carries nutrients and oxygen to cells
- k 7. Produces urine
- d 8. Manufactures vitamin D
- c 9. Regulates metabolism
- h 10. Creates a new human being
- e 11. Filters body impurities and helps fight infection

LESSON PLAN: 4COURSE TITLE: Basic Paraprofessional TrainingUNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

INFORMATION TOPIC: III-4

EXERCISE NEEDS
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Define body posture.
2. Recall ten key concepts related to walking.
3. List two assistive devices for movement.
4. Recall seven key concepts related to body alignment and body positioning.
5. Identify three key concepts related to the posture of a resident confined to bed.
6. Define passive range of motion.
7. Define active assistive exercise.
8. Define active range of motion.
9. Define activities of daily living.
10. List nine hazards of immobility.
11. List four ways of providing emotional support.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Wheelchair
2. Cane
3. Walker
4. Crutches
5. HO 1: One Type of Overhead Frame
6. VBS training videotapes produced by Meyer Children's Rehabilitation Institute, University of Nebraska Medical Center, Omaha, Nebraska. (Available from SLDDTC:)
 - a. Basis of Movement
 - b. Primitive Reflexes
 - c. Positioning
 - d. Turning
 - e. Transferring

INFORMATIONAL ASSIGNMENT:

Review handout.

REFERENCES:

Hanebuth, Lorna S., Ehrhart, Mary K. and Peltze, John T. Nursing Assistant and the Long-Term Health Care Facility. Scranton, PA: Harper and Row Co., 1979.

INTRODUCTION:

Residents may need help with exercise needs such as walking, using a wheelchair, moving up in bed, getting in and out of bed, and carry out passive and active ranges of motion. As you perform the various procedures to meet the resident's exercise needs, it is important that you practice good body mechanics in order to prevent strain and fatigue to your own body as well as care for the resident in the most efficient manner.

LESSON PLAN: 4

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-4

OUTLINE: (Key Points)

- I. Definition of body posture.
 - A. Posture is the position and arrangement of body parts.
 - B. Posture is the way the person sits, walks, and stands.
- II. Key concepts related to walking
 - A. Good exercise
 - B. Can be a problem if the resident does not have good vision, good balance, or mental alertness.
 - C. For a resident with poor vision
 1. Have him/her hold your arm.
 2. Have him/her follow your movements.
 - D. For a resident with poor balance
 1. Use a safety belt or transfer belt. (Commercial or make with denim or canvas)
 2. Place the belt snugly around the resident's waist allowing enough room to grasp your hand firmly under the belt.
 3. Grasp the belt and use it to guide the resident.
 4. Keep your other hand on the resident's shoulder to steady him/her.
 5. Walk slowly and let the resident set the pace.
 - E. For a developmentally disabled resident with paralysis
 1. Walk on the resident's weakest side because s/he will usually fall toward the weaker side.
 2. Instruct the resident to advance the strongest leg first.

- F. For a resident with a walker
 - 1. Lifted or wheeled by the resident
 - 2. A developmental trainee can use a transfer belt to help the resident balance while moving with the walker.
 - 3. Check fit and condition.
 - 4. Pockets can be attached to walker for carrying personal items freeing hands for ambulation.
- G. For a resident with a cane
 - 1. Use cane on strongest side of body.
 - 2. Check the rubber suction tip on bottom of cane for wear.
 - 3. Determine proper height of cane by letting the resident's arm fall freely down and lining up the walker or cane handle to the resident's wrist.
- H. For a resident with crutches
 - 1. Make sure crutches are fitted to the person using them.
 - 2. Use crutch pad to prevent irritation under the arm.
 - 3. Check suction tips on the end of crutches are not worn.
- I. For a resident with braces
 - 1. Support an extremity.
 - 2. Clean braces periodically.
 - 3. Never loosen screws or bolts of braces.
 - 4. Prop braces; do not lay them flat.
 - 5. Before placing the brace on a resident, check the metal areas for rough edges that may cause injury to the resident's skin.
- J. For a resident with an artificial leg
 - 1. Exercise to strengthen muscles may be needed.
 - 2. Check with the supervisor for instructions.

III. Assistive devices for movement

- A. Wheelchair: Brake should be on when the resident is not moving and when transferring into or out of the wheelchair.
- B. Sliding board
 - 1. Specially prepared board that the resident can use to slide from one place to another
 - 2. One end is tucked in place under the resident and the other end is put on the chair or bed.
 - 3. The resident's body slides across the board by using a trapeze bar and both hands. (Review HO 1)
 - 4. The resident places both hands on the trapeze bar to help him/her lift and move.

IV. Key concepts related to body alignment and body positioning

- A. Bed should support the natural curve of the spine.
- B. Legs and arms should be supported to prevent strain on the joints and muscle contractures.
- C. Must have firm mattress and footboard at the bottom of the bed.
- D. Linen should never be tucked too tightly over the feet.
- E. Bed cradles may be placed over the legs and feet.
- F. Supportive devices may be positioned at the shoulders, arms, hands, hips, knees, and ankles to prevent strain and maintain body alignment.
- G. Resident's position should be changed every two hours.

V. Key concepts related to the posture of residents confined to bed

- A. Have a tendency to lie in a curled position
- B. May bend their backs and flex their knees and hips (may be lying in this position to relieve pain or to keep warm)
- C. If residents remain in this position for a long time, they will have problems straightening up when allowed out of bed.

VI. Passive Range of Motion

- A. Procedures provided for a resident who is unable to move alone
- B. Involves moving the resident's body parts through a series of exercises
- C. Under the direction of a physical therapist the nursing staff implements range of motion exercises or procedures, starting at the shoulders.

VII. Active assistive exercise

- A. Resident exercises alone.
- B. Resident uses a device such as a pulley or an exercise bicycle.

VIII. Active range of motion

- A. Procedures or exercises performed by the resident on a planned basis
- B. Many are implemented through activities of daily living.

IX. Activities of daily living (ADL)

- A. Those movements made everyday; activities required for self-care.
- B. Activities of daily living are related to personal hygiene, toileting, dressing and undressing, eating, finger and hand movements, walking, and wheelchair activities.
- C. To help the resident with ADL
 - 1. Allow the resident time to complete activities.
 - 2. Give simple, clear directions and be consistent.
 - 3. Encourage the resident to carry out the activities.
 - 4. Compliment the resident when tasks are accomplished.

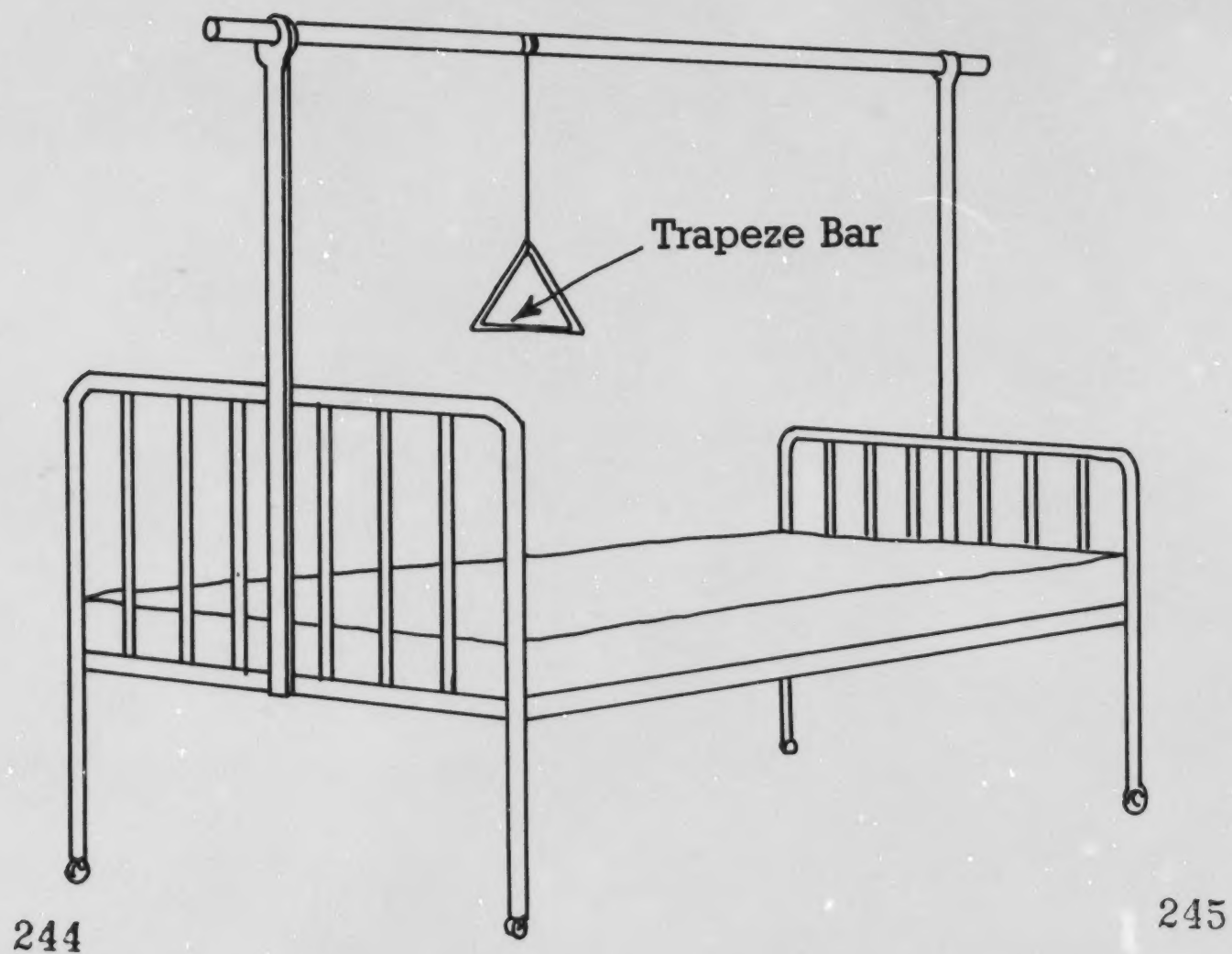
X. Hazards of immobility

- A. Stiff joints
- B. Weak muscles
- C. Contractures
- D. Skin breakdown

- E. Reduced heart function
- F. Decreased breathing capacity
- G. Loss of appetite
- H. Decreased urinary output
- I. Constipation
- XI. Ways of providing Emotional support
 - A. Set goals.
 - B. Listen to resident's complaints.
 - C. Show that you value the resident's efforts.
 - D. Use kind words and praise.
- XII. Summary and conclusion
 - A. Body posture
 - B. Residents confined to bed posture
 - C. Walking
 - D. Wheelchair
 - E. Sliding board
 - F. Body alignment and body positioning
 - G. Passive range of motion
 - H. Active assistive exercise
 - I. Active range of motion
 - J. Activities of daily living
 - K. Hazards of immobility
 - L. Emotional support

The next lessons will include various procedures in positioning residents.

One Type of Overhead Frame



LESSON PLAN: 4

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-4

INTERACTION ITEMS: (Review Items)

1. What is the purpose of a transfer belt?
2. What are four walking devices?
3. How many activities of daily living can you name?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Class discussion of walking the resident with paralysis.
2. Students demonstrate walking a resident with paralysis.
3. Class discussion of the use of a cane, crutches, braces, and a wheelchair.
4. Demonstration by the instructor of the use of a cane, crutches, braces, and a wheelchair.
5. Show videotapes.

LESSON PLAN: 4

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

ANSWERS TO EVALUATION ITEMS

I. Short Answer

1. Define body posture.

Body posture is the position and arrangement of body parts. It involves the way a person sits, walks, lies, and stands.

2. Define passive range of motion.

PROM is a series of exercises provided for a resident who cannot move alone. The staff exercises each of the resident's joints using range of motion exercises.

3. Define active assistive exercise.

Active assistive exercise is when the resident exercises alone using a device such as a pulley or an exercise bicycle.

4. Define active range of motion

A series of exercises designed to exercise the joints. These are performed by the resident.

5. Define activities of daily living.

ADL are those day-to-day activities required for self-care. Examples of ADL include personal hygiene, toileting, dressing and undressing, and eating.

II. Listing:

1. List two assistive devices for movement.

- a. Wheelchair
- b. Sliding board

2. List four hazards of immobility.

- a. Stiff joints
- b. Weak muscles
- c. Contractures

- d. Skin breakdown
 - e. Reduced heart function
 - f. Decreased breathing capacity
 - g. Loss of appetite
 - h. Decreased urinary output
 - i. Constipation
3. List two ways of providing emotional support.
- a. Set goals
 - b. Listen to the resident
 - c. Show you value the resident's efforts
 - d. Use kind words and praise

III. True - False

In the space provide, place a "T" if the statement is true or an "F" if the statement is false.

- T 1. A transfer belt is an assistive device used with residents who have poor balance.
- F 2. A cane should be used on the weakest side of the body.
- T 3. Before applying braces, check for rough edges which may cause injury.
- T 4. A walker should be fitted to the resident.
- T 5. Residents who remain in curled positions in bed for long periods of time may have difficulty straightening up when allowed out of bed.

LESSON PLAN: 5

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

DEMONSTRATION: III-5

GIVE RANGE OF MOTION EXERCISES
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

- I. Give range of motion exercises according to steps of procedure

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

None

INFORMATIONAL ASSIGNMENT:

None

REFERENCES: (Instructor's Additional Information)

Hanebuth, Lorna S., Ehrhart, Mary K. and Peltzer, John T. Nursing Assistant and the Long-Term Health Care Facility. Scranton, PA: Harper and Row Co., 1979.

Sister Kenny Institute. Sister Kenny Rehabilitation Books. Minneapolis, MN: Sister Elizabeth Kenny Foundation, Inc., 1979. Department of Education, Chicago Avenue at 27th Street, Minneapolis, MN 55407.

INTRODUCTION:

When giving range of motion exercises, always stop if the resident complains of pain or if you meet resistance. For range of motion exercises to be effective, they must be done regularly, and in accordance with the individualized health care plan.

LESSON PLAN: 5

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-5

STEPS OF PROCEDURE:

Introduction

1. Identify and greet resident; identify self.
2. Explain procedure to the resident.
3. Do not use excessive force.

Maintain full shoulder movement.

1. Supporting the arm at the wrist and elbow, lift the arm toward the ceiling.
2. Continue lifting over the resident's head until you feel resistance.
3. Slowly lower the arm to the resident's side.
4. Supporting the arm at the joints, move the arm out to the side.
5. Turn back of hand toward floor.
6. Continue moving toward resident's head.
7. Move the arm away from the body to shoulder level; bring the hand forward to touch the bed and backward to touch the bed.

Maintain full arm movement.

1. Bend the arm at the elbow and touch shoulder.
2. Straighten the arm.
3. Bend the arm at the elbow and touch the chin.
4. Straighten arm. Repeat.
5. Hold the resident's hand in a handshake position.
6. Support arm at wrist joint.

7. Turn palm of the hand toward floor and away from floor.
8. Support arm and hand.
9. Bend the wrist backward and forward.
10. Take the hand from side to side.

Maintain full use of the fingers and thumb.

1. Support the hand at the wrist.
2. Make a clenched fist and then relax it.
3. Make sure the thumb is on top of the fingers.
4. Move each finger away from the nearest finger and then return.
5. Move the thumb in a circle.
6. Stretch the thumb toward the little finger.
7. Move the thumb to the base of the little finger and back.

Maintain full use of the hip and leg.

1. Support the leg at the knee and ankle joints.
2. Keep the knee straight.
3. Raise and lower the leg.
(NOTE: Do not raise the leg higher than a right angle to the body.)
4. Bend the knees and move toward the chest.
5. Straighten knee.
6. Move leg straight out to the side as far as possible and back without causing pain.
7. With the leg straight, roll the leg so toes point inward; then roll the leg so toes point outward.

Maintain full use of the foot and toes.

1. Supporting the foot at the ankle joint, turn the foot toward the opposite foot and then away from the opposite foot.
2. Bend the foot toward the knee.
3. Bend the foot toward the floor.
4. Move each toe away from neighboring toe and return.

5. Curl and straighten toes.

Maintain full use of the neck.

1. Supporting head with hands, bend head forward, trying to touch the chest with the chin.
2. Bend head backward.
3. Turn head from side to side.

Maintain use of the hip from the prone position.

1. Support leg by placing hand on knee and arm under lower leg.
2. Place other hand on buttock to prevent movement off the bed.
3. Lift the leg straight back.
4. Return the leg.

Maintain use of the leg and foot from the prone position.

1. Bend the knee.
2. Have sole of foot pointing at the ceiling.
3. Press down on sole of foot.
4. Release and move foot backward.

Maintain use of the shoulder from the prone position.

1. Place hand under the resident's shoulder.
2. Guide the shoulder backwards.
3. Support shoulder and grasp the arm at the wrist.
4. Bring the arm straight back.
5. Return the arm to the resident's side.

Summary and conclusion

1. Ask Interaction Items 1-9.
2. Review steps of procedure.
3. When you have completed study of the steps of the procedure you will practice on each other in the classroom-laboratory or on a resident in the health care facility under the direct supervision of a clinical instructor.

LESSON PLAN: 5

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-5

INTERACTION ITEMS: (Review Items)

1. How do you maintain full shoulder movement?
2. How do you maintain full arm movement?
3. How do you maintain full use of the fingers and thumb?
4. How do you maintain full use of the hip and leg?
5. How do you maintain full use of the foot and toes?
6. How do you maintain full use of the neck?
7. How do you maintain use of the hip from the prone position?
8. How do you maintain use of the leg and foot from the prone position?
9. How do you maintain use of the shoulder from the prone position?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Instructor demonstrates range of motion exercises.
2. Students practice range of motion exercises on each other.

LESSON PLAN: 5

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-5

EVALUATION ITEMS: NAME OF STUDENT: _____

GIVE RANGE OF MOTION EXERCISES

Equipment:

Did the student:	Yes	No
<u>Introduction</u>		
1. Identify and greet resident; identify self. _____		
2. Explain procedure to the resident. _____		
<u>Maintain full shoulder movement.</u>		
1. Supporting the arm at the wrist and elbow, lift the arm toward the ceiling. _____		
2. Continue lifting over the resident's head until you feel resistance. _____		
3. Slowly lower the arm to the resident's side. _____		
4. Supporting the arm at the joints, move the arm out to the side. _____		
5. Turn back of hand toward floor. _____		
6. Continue moving toward resident's head. _____		
7. Move the arm away from the body to shoulder level; bring the hand forward to touch the bed and backward to touch the bed. _____		
<u>Maintain full arm movement</u>		
1. Bend the arm at the elbow and touch shoulder. _____		

Did the student:	Yes	No
2. Straighten the arm. _____		
3. Bend the arm at the elbow and touch the chin. _____		
4. Straighten arm. Repeat. _____		
5. Hold the resident's hand in a handshake position. _____		
6. Support arm at wrist joint. _____		
7. Turn palm of the hand toward floor and away from floor. _____		
8. Support arm and hand. _____		
9. Bend the wrist backward and forward. _____		
10. Take the hand from side to side. _____		
<u>Maintain full use of the fingers and thumb.</u>		
1. Support the hand at the wrist. _____		
2. Make a clenched fist and then relax it. _____		
3. Make sure the thumb is on top of the fingers. _____		
4. Move each finger away from the nearest finger and then return. _____		
5. Move the thumb in a circle. _____		
6. Stretch the thumb toward the little finger. _____		
7. Move the thumb to the base of the little finger and back. _____		
<u>Maintain full use of the hip and leg.</u>		
1. Support the leg at the knee and ankle joints. _____		
2. Keep the knee straight. _____		
3. Raise and lower the leg. _____		
4. Bend the knees and move toward the chest. _____		

Did the student:	Yes	No
<u>Maintain use of the leg and foot from the prone position.</u>		
1. Bend the knee. _____		
2. Have sole of foot pointing at the ceiling. _____		
3. Press down on sole of foot. _____		
4. Release and move foot backward. _____		
<u>Maintain use of the shoulder from the prone position.</u>		
1. Place hand under the resident's shoulder. _____		
2. Guide the shoulder backwards. _____		
3. Support shoulder and grasp the arm at the wrist. _____		
4. Bring the arm straight back. _____		
5. Return the arm to the resident's side. _____		

The student has satisfactorily completed the procedure "Give Range of Motion Exercises" according to the steps outlined.

Yes ____ No ____

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

Did the student:	Yes	No
5. Straighten knee. _____		
6. Move leg straight out to the side as far as possible and back without causing pain. _____		
7. With the leg straight, roll the leg so toes point inward; then roll the leg so toes point outward. _____		
<u>Maintain full use of the foot and toes.</u>		
1. Supporting the foot at the ankle joint, turn the foot toward the opposite foot and then away from the opposite foot. _____		
2. Bend the foot toward the knee. _____		
3. Bend the foot toward the floor. _____		
4. Move each toe away from neighboring toe and return. _____		
5. Curl and straighten toes. _____		
<u>Maintain full use of the neck.</u>		
1. Supporting head with hands, bend head forward, trying to touch the chest with the chin. _____		
2. Bend head backward. _____		
3. Turn head from side to side. _____		
<u>Maintain use of the hip from the prone position.</u>		
1. Support leg by placing hand on knee and arm under lower leg. _____		
2. Place other hand on buttock to prevent movement off the bed. _____		
3. Lift the leg straight back. _____		
4. Return the leg. _____		

LESSON PLAN: 6

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

DEMONSTRATION: III-6

AMBULATE RESIDENT
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Ambulate resident with walker, cane, and belt according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Walker
2. Cane (quad, single)
3. Belt
4. Resident's clothing (especially stockings and shoes)
5. Chair

INFORMATIONAL ASSIGNMENT: (Student)

None

REFERENCES: (Instructor's Additional Information)

Public Health Service. Up and Around. Washington, D.C.: United States Government Printing Office, 1964.

INTRODUCTION:

Residents of any age must be kept as physically active as possible to ensure good health. Therefore, unless bed rest is ordered by the physician, the resident should be encouraged and assisted when necessary to be out of bed as much as tolerated. In this lesson you will learn how to ambulate the resident who requires assistance using assistive devices.

LESSON PLAN: 6

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-6

STEPS OF PROCEDURE:

1. Select appropriate assistive devices: chair, walker, cane, belt.
2. Examine device for proper fit and safe condition.
3. Lower bed to lowest level or place footstool beside bed.
4. Assist resident to move to edge of bed. Give assistance only if needed.
5. Put one hand under resident's neck and one behind the knees.
6. Straighten hips and knees; at the same time, lift the resident's head and neck while pulling legs over the side of the bed.
7. Pause and allow resident to sit on edge of bed a few moments to regain balance.
8. Dress resident appropriately, including shoes and stockings. Apply arm sling if one arm is paralyzed.
9. Have resident lean forward and at the same time straighten the knees.
10. Assist the resident to a standing position.
11. Pause to allow resident to regain balance.
12. Use straight chair, cane, or walker for resident support for first steps.

Use of walker

1. Repeat steps 1-12 in section I.
2. Instruct resident to position body within the frame of the walker.
3. Instruct resident to move walker forward with the weak foot in taking a step.
4. Instruct resident to swing strong foot forward taking a step.
5. Repeat steps 2, 3, and 4 to walk as much as tolerated or as ordered by physician.

Use of cane

1. Repeat steps 1-12 in section I.

2. Instruct resident to take short steps and keep head up and eyes forward.
3. Instruct resident to place cane ahead of strong foot and slightly out to side.
4. Instruct resident to swing weak foot forward just after cane is placed.
5. Instruct resident to put weight on cane and weak foot while swinging strong foot forward taking a step.
6. Repeat steps 2-5 as much as tolerated or as ordered by physician.

Use of belt

1. Repeat steps 1-12 in section I.
2. Place belt comfortably snug, around waist allowing enough room to grasp your hand firmly under the belt.
3. Assist resident to standing position.
4. Support resident from rear waist with a good grip on walking belt in palm upward position.
5. Instruct resident to walk normally, moving alternate arms and legs.
6. If resident begins to fall, ease resident gently down to the floor - keeping your back straight and bending your knees; if necessary, support his/her body weight with your legs as you ease him/her to the floor.
7. Call for assistance to get resident up and back to bed.
8. Repeat steps 2-7 as much as tolerated or as physician orders.

Summary and conclusion

1. Ask Interaction Items 1-6.
2. Review steps of procedure.
3. When you have completed study of the steps of the procedure you will practice on each other in the classroom-laboratory or on a resident in the health care facility under the direct supervision of a clinical instructor.

LESSON PLAN: 6

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-6

INTERACTION ITEMS: (Review Items)

1. Why is it important to ambulate residents?
2. What parts of assistive devices are examined before each use?
3. Why do you allow the resident to pause in changing position?
4. What length of steps should ambulating resident take?
5. What body posture should resident assume while walking?
6. How long should resident walk?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Practice using assistive devices: Chair, walker, cane (quad or single), and belt.

LESSON PLAN: 6

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-6

EVALUATION ITEMS: NAME OF STUDENT: _____

AMBULATE RESIDENT

Equipment:

1. Walker
2. Cane (quad or single)
3. Belt
4. Resident's clothing (especially stockings and shoes)
5. Chair

Did the student:	Yes	No
1. Select appropriate assistive devices: chair, walker, cane, belt. _____		
2. Examine device for proper fit and safe condition. _____		
3. Lower bed to lowest level or place footstool beside bed. _____		
4. Assist resident to move to edge of bed. Give assistance only if needed. _____		
5. Put one hand under resident's neck and one behind the knees. _____		
6. Straighten hips and knees; at the same time, lift the resident's head and neck while pulling legs over the side of the bed. _____		
7. Pause and allow resident to sit on edge of bed a few moments to regain balance. _____		
8. Dress resident appropriately, including shoes and stockings. Apply arm sling if one arm is paralyzed. _____		

Did the student:	Yes	No
9. Have resident lean forward and at the same time straighten the knees. _____		
10. Assist the resident to a standing position. _____		
11. Pause to allow resident to regain balance. _____		
12. Use straight chair, cane, or walker for resident support for first steps. _____		
<u>Use of walker</u>		
1. Repeat steps 1-12 in section I. _____		
2. Instruct resident to position body within the frame of the walker. _____		
3. Instruct resident to move walker forward with the weak foot in taking a step. _____		
4. Instruct resident to swing strong foot forward taking a step. _____		
5. Repeat steps 2, 3, and 4, to walk as much as tolerated or as ordered by physician. _____		
<u>Use of cane</u>		
1. Repeat steps 1-12 in section I. _____		
2. Instruct resident to take short steps and keep head up and eyes forward. _____		
3. Instruct resident to place cane ahead of strong foot and slightly out to side. _____		
4. Instruct resident to swing weak foot forward just after cane is placed. _____		
5. Instruct resident to put weight on cane and weak foot while swinging strong foot forward taking a step. _____		
6. Repeat steps 2-5 as much as tolerated or as ordered by physician. _____		

Did the student:	Yes	No
<u>Use of belt</u>		
1. Repeat steps 1-12 in section 1. _____		
2. Place belt comfortably snug, around waist allowing enough room to grasp your hand firmly under the belt. _____		
3. Assist resident to standing position. _____		
4. Support resident from rear waist with a good grip on walking belt in palm upward position. _____		
5. Instruct resident to walk normally, moving alternate arms and legs. _____		
6. If resident begins to fall, ease resident gently down to the floor - keeping your back straight and bending your knees; if necessary, support his/her body weight with your legs as you ease him/her to the floor. _____		
7. Call for assistance to get resident up and back to bed. _____		
8. Repeat steps 2-7 as much as tolerated or as physician orders. _____		

The student has satisfactorily completed the procedure "Ambulate Resident" according to the steps outlined.

Yes _____ No _____

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

LESSON PLAN: 7COURSE TITLE: Basic Paraprofessional TrainingUNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

DEMONSTRATION LESSON: III-7

POSITION RESIDENT IN BED
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Position resident on back according to steps of procedure.
2. Position resident on side from back-lying position according to steps of procedure.
3. Position the resident in the prone position according to steps of procedure.
4. Assist/raise resident's head and shoulders from the bed according to steps of procedure.
5. Lift resident in bed according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO I: Resident Positions
2. Four pillows
3. One small firm pillow
4. Folded sheet
5. Footrest
6. Bedrails
7. Signal cord
8. Two small firm pillows
9. Two folded towels

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Reese, Dorothy Erickson. How to be a Nurse's Aide in a Nursing Home. Washington, D.C.: American Health Care Association, 1976, pp. 71-96.

INTRODUCTION:

The resident can assume many postures in bed and the developmental assistant can assist the resident in achieving these positions. It is important to check the resident frequently (review facility policy) and change positions as indicated. Changing positions frequently helps prevent decubiti and keeps the resident more comfortable. Today's lesson will teach us to position the resident while using good body mechanics and maintaining proper body alignment for the resident.

The resident should not be positioned on the back for a long period of time; however, this position can be comfortable for reading or watching television.

The side lying position is one of the most comfortable for a resident.

The prone position is one in which the resident is positioned on the abdomen with the head to either side. In this position the body is more fully extended than in any other position. Use of this position at least once a day can aid in the prevention of sitting contractures.

Do not leave the resident in the prone position more than 30 minutes unless otherwise ordered by the physician.

The two purposes for lifting a resident up in bed are to promote comfort and to provide good body alignment. One person can perform this action if the resident can assist. Two persons are needed if the resident is heavy and helpless.

LESSON PLAN: 7

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-7

EQUIPMENT, TOOLS, AND MATERIAL

Four pillows
One small firm pillow
Folded sheet
Footrest
Bedrails
Signal cord
Two small firm pillows
Two folded towels

STEPS OF PROCEDURE:

Turn resident in bed (HO 1)

1. Identify and greet resident; identify self.
2. Inform resident about the need to be turned and positioned.
3. Adjust bed to a level position.
4. Remove the pillow(s) from under resident's head.
5. Lower bed rail on the side of the bed next to you.
6. Reach under the shoulders with one arm and under the hips with the other arm.
7. Pull the resident toward you, and in the same motion turn him/her to the opposite direction, while you are bending at the hips and the knees and keeping the hips straight.
8. Make resident comfortable.
9. Straighten the covers.
10. Keep head, body, and legs in straight line.
11. Place pillow under head and slightly under shoulder.
12. Place folded sheet or small firm pillow under small of back.
13. Keep knees slightly flexed with folded linen (pillow or bath towel) for support.
14. Support top covers with footrest or cradle.
15. Support arms with pillows.

16. Pull up side rail.

Position resident on side from back lying position.

1. Repeat steps 1-5 in Section I.
2. Move resident to side of bed as in previous lessons using correct body mechanics.
3. Cross far leg of resident over near leg.
4. Place far arm of resident across his/her chest.
5. Brace your right leg against bed.
6. Place one hand under resident's far shoulder and one under far hip.
7. Roll resident toward you with gentle, even motion.
8. As you roll resident, shift your weight from forward leg to the other leg.
9. Repeat steps 9-16 in Section I.

Position resident in prone position.

1. Repeat steps 1-5 in Section I.
2. Assist resident in moving onto abdomen.
3. Place small firm pillow under one shoulder to allow more breathing room.
4. Turn resident's head to the side.
5. Place small firm pillow or folded bath towel under abdomen to prevent pressure on breasts.
6. Place footrest to support feet at right angles with the legs or patient may hang toes over foot of mattress.
7. Place folded towel under ankle joints to remove strain from legs.
8. Reaching across resident's body, place one hand behind his/her shoulder and the other hand behind his/her hip.
9. Gently roll resident toward you.
10. Be sure resident is not too close to the edge of the bed.
11. Go to opposite side of bed and carefully move resident toward center of bed.
12. Repeat steps 9-16 in Section I.

Assist/raise resident's head and shoulders from the bed.

1. Repeat steps 1-5 in Section I.
2. Face the head of the bed with your feet separated, one foot ahead of the other.
3. Instruct resident to put his/her hand under your armpit and around your shoulders.
4. Put your arm under resident's armpit and behind resident's shoulders.
5. When you say "ready," pull the resident toward you.
6. If the resident is helpless or too heavy, ask for help.
7. With your free hand, turn the pillow.
8. With arms still locked, ease the patient down.
9. Repeat steps 9-16 in Section I.

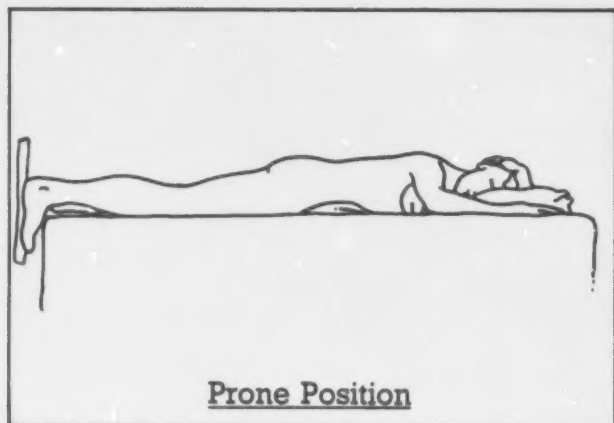
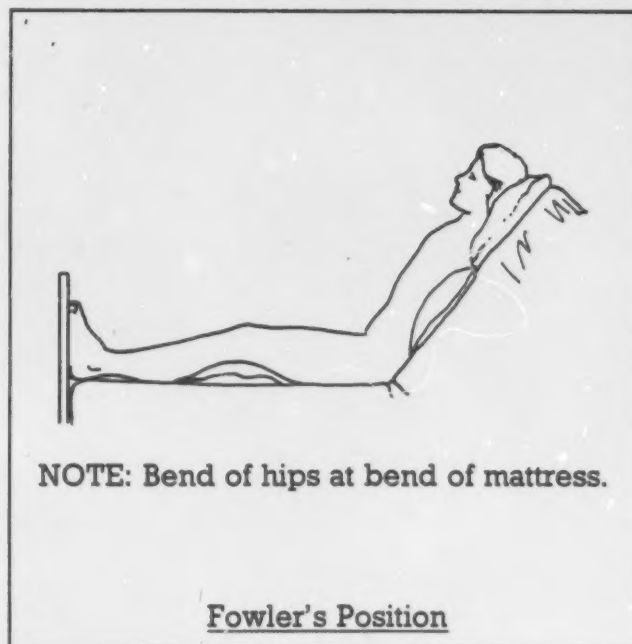
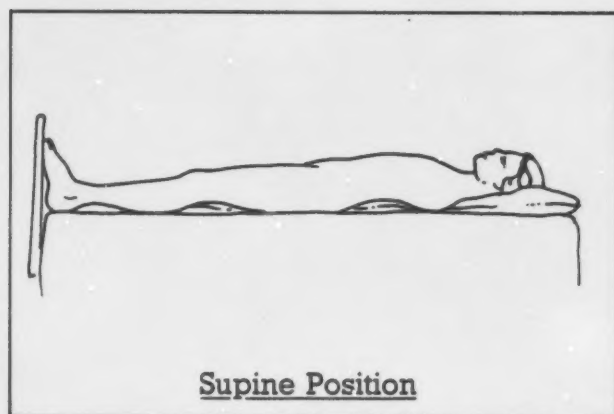
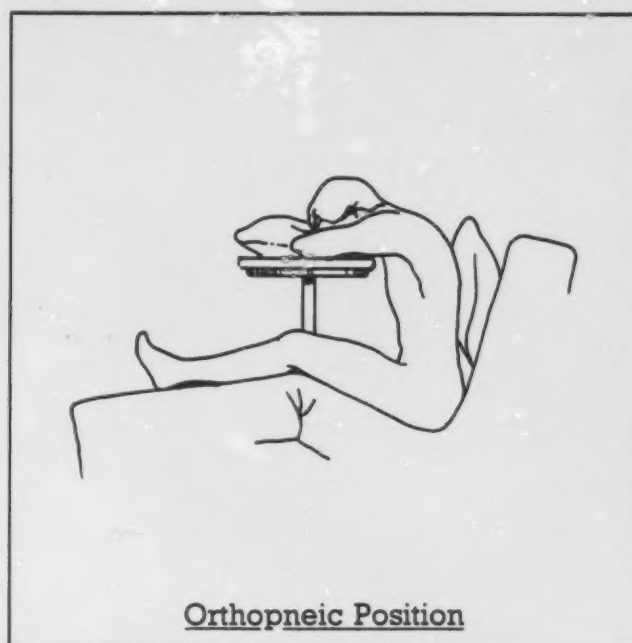
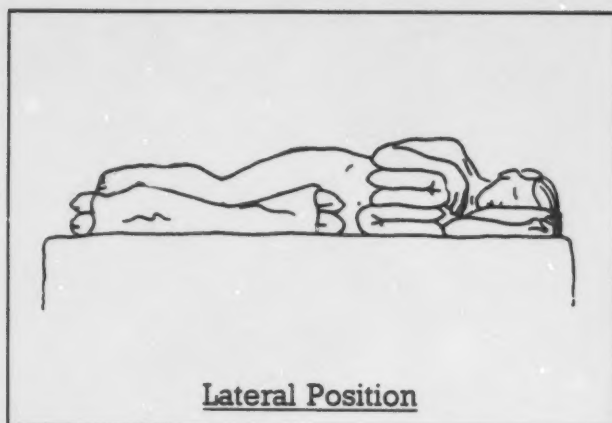
Lift resident in bed.

1. Repeat steps 1-5 in Section I.
2. Have resident flex knees and press feet firmly against the mattress.
3. Have resident grasp bars at the head of the bed with both hands.
4. Place one arm under resident's neck and shoulder.
5. Place other arm under resident's thighs.
6. Bend your knees.
7. Stand with one foot in front of the other foot and face head of bed.
8. Move resident by shifting your weight from back foot to front foot.
9. On signal, assist resident to move toward head of bed.
10. Rearrange pillow.
11. When two persons are lifting a helpless resident, have the second person help from opposite side of bed by following steps 4-7 in Section V.
12. Use a lift sheet if the resident is heavy and/or helpless.
13. At given signal, slide the resident toward head of bed by shifting your weight from the back foot to the front foot.
14. Repeat steps 9-16 in Section I.

Summary and conclusion

1. Ask Interaction Items 1-14.
2. Review steps of procedure.
3. When you have completed study of the steps of the procedure you will practice on each other in the classroom-laboratory or on a resident in the health care facility under the direct supervision of a clinical instructor.

Resident Positions



LESSON PLAN: 7

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-7

INTERACTION ITEMS: (Review Items)

1. Where are the pillows placed when re-positioning a resident?
2. How is the bed adjusted when positioning the resident on his/her side?
3. Where is the resident's far arm positioned?
4. What body mechanics should the developmental assistant employ when changing a resident's position?
5. How are pillows or folded linen used in positioning?
6. Where are the pillows placed when a resident is positioned in the prone position?
7. Why is use of the prone position important?
8. How are feet positioned during the prone position?
9. Where do you instruct the resident to place his/her hands?
10. When assisting raising the resident's head and shoulders from the bed, where does the developmental assistant place his/her arm?
11. Where does the second person stand when two persons are lifting a disabled resident?
12. How do you instruct resident to assist in movement?
13. How do you prepare the area and resident before lifting the resident?
14. What body mechanics does the developmental assistant employ?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Students practice positioning each other.
2. Instructor demonstrates positioning the resident on side from back-lying position.
3. Students practice positioning the resident and/or each other on side from back-lying position.
4. Instructor demonstrates positioning the resident in the prone position.
5. Students position each other in the prone position.
6. Instructor demonstrates raising a resident's head and shoulders from the bed.
7. Students practice raising each other's head and shoulders from the bed.
8. Instructor demonstrates lifting a resident in bed.
9. Students practice lifting a resident and/or each other in bed.

LESSON PLAN: 7

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-7

EVALUATION ITEMS: _____ NAME OF STUDENT: _____

POSITION RESIDENT IN BED

Equipment:

1. Four pillows
2. One small firm pillow
3. Folded sheet
4. Footrest
5. Bedrails
6. Two small firm pillows
7. Two folded towels

	Yes	No
<u>Did the student:</u>		
<u>Turn Resident in Bed.</u>		
1. Identify and greet resident; identify self. _____		
2. Inform resident about the need to be turned and positioned. _____		
3. Adjust bed to a level position. _____		
4. Remove the pillow(s) from under resident's head. _____		
5. Lower bed rail on the side of the bed next to you. _____		
6. Reach under the shoulders with one arm and under the hips with the other arm. _____		
7. Pull the resident toward you, and in the same motion turn him/her to the opposite direction, while you are bending at the hips and the knees and keeping your hips straight. _____		

Did the student:	Yes	No
8. Make resident comfortable. _____		
9. Straighten the covers. _____		
10. Keep head, body, and legs in straight line. _____		
11. Place pillow under head and slightly under shoulder. _____		
12. Place folded sheet or small firm pillow under small of back. _____		
13. Keep knees slightly flexed with folded linen (pillow or bath towel) for support. _____		
14. Support top covers with footrest or cradle. _____		
15. Support arms with pillows. _____		
16. Pull up side rail. _____		
<u>Position resident on side from back-lying position.</u>		
1. Repeat steps 1-5 listed in <u>Turn Resident in Bed</u> procedures. _____		
2. Move resident to side of bed as in previous lessons using correct body mechanics. _____		
3. Cross far leg of resident over near leg. _____		
4. Place far arm of resident across his/her chest. _____		
5. Brace your right leg against bed. _____		
6. Place one hand under resident's far shoulder and one under far hip. _____		
7. Roll resident toward you with gentle, even motion. _____		
8. As you roll resident, shift your weight from forward leg to the other leg. _____		
9. Repeat steps 9-16 listed in <u>Turn resident in bed</u> procedures. _____		

Did the student:	Yes	No
<u>Position resident in prone position</u>		
1. Repeat steps 1-5 listed in <u>Turn resident in bed</u> procedures.		
2. Assist resident in moving onto abdomen.		
3. Place small firm pillow under one shoulder to allow more breathing room.		
4. Turn resident's head to the side.		
5. Place small firm pillow or folded bath towel under abdomen to prevent pressure on breasts.		
6. Place footrest to support feet at right angles with the legs or patient may hang toes over foot of mattress.		
7. Place folded towel under ankle joints to remove strain from legs.		
8. Reaching across resident's body, place one hand behind his/her shoulder and the other hand behind his/her hip.		
9. Gently roll resident toward you.		
10. Be sure resident is not too close to the edge of the bed.		
11. Go to opposite side of bed and carefully move resident toward center of bed.		
12. Repeat steps 9-16 listed in <u>Turn Resident in Bed</u> procedures.		
<u>Assist/raise resident's head and shoulders from the bed.</u>		
1. Repeat steps 1-5 listed in <u>Turn resident in bed</u> procedures.		
2. Face the head of the bed with your feet separated, one foot ahead of the other.		
3. Instruct resident to put his/her hand under your armpit and around your shoulders.		

Did the student:		Yes	No
4.	Put your arm under resident's armpit and behind resident's shoulders. _____		
5.	When you say "ready," pull the resident toward you. _____		
6.	If the resident is helpless or too heavy, ask for help. _____		
7.	With your free hand, turn the pillow. _____		
8.	With arms still locked, ease the patient down. _____		
9.	Repeat steps 9-16 listed in <u>Turn resident in bed</u> procedures. _____		
<u>Lift resident in bed.</u>			
1.	Repeat steps 1-5 listed in <u>Turn resident in bed</u> procedures. _____		
2.	Have resident flex knees and press feet firmly against the mattress. _____		
3.	Have resident grasp bars at the head of the bed with both hands. _____		
4.	Place one arm under resident's neck and shoulder. _____		
5.	Place other arm under resident's thighs. _____		
6.	Bend your knees. _____		
7.	Stand with one foot in front of the other foot and face head of bed. _____		
8.	Move resident by shifting your weight from back foot to front foot. _____		
9.	On signal, assist resident to move toward head of bed. _____		
10.	Rearrange pillow. _____		
11.	When two persons are lifting a helpless resident, have the second person help from opposite side of bed by following steps 4-7 in this section. _____		
12.	Use a lift sheet if the resident is heavy and/or helpless. _____		

Did the student:	Yes	No
13. At given signal, slide the resident toward head of bed by shifting your weight from the back foot to the front foot. _____		
14. Repeat steps 9-16 listed in <u>Turn Resident in Bed</u> procedures. _____		

The student has satisfactorily completed the procedure "POSITION RESIDENT IN BED" according to the steps outlined.

Yes ____ No ____

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

LESSON PLAN: 8COURSE TITLE: Basic Paraprofessional TrainingUNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

DEMONSTRATION LESSON: III-8

ASSIST RESIDENT TO WHEELCHAIR, TRAY CHAIR, OR COMMUNE
AND BACK TO BED
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Assist resident to wheelchair, tray chair, or commode and back to bed according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Bathrobe/clothing
2. Slippers/shoes
3. Footstool
4. Chair, wheelchair, or tray chair
5. Pillows
6. Commode
7. Bath blanket
8. Disposable pad
9. Laprobe

INFORMATIONAL ASSIGNMENT:

None

REFERENCES: (Instructor's Additional Information)

Reese, Dorothy Erickson. How to Be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1976, pp. 75-80.

Wallace, Bob, ed. North Dakota Health Occupations Curriculum. Bismarck, ND: North Dakota State Board of Vocational Education, 1978.

INTRODUCTION:

Residents who are not ambulatory should be kept out of bed as much as their physical condition allows. Getting the resident up into a wheelchair or tray chair prevents the complications associated with bed rest. If the resident cannot walk, one way to make the resident mobile and get the resident out of his/her room is to put him/her in a wheelchair or a tray chair.

This procedure may also be used for transfer from bed to armchair or commode. Remember to tie the resident into the chair with a safety belt if necessary. Make sure the resident is in plain view of the staff. Always place a bath blanket in the chair. Do not leave the resident alone on the commode.

LESSON PLAN: 8

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-8

TOOLS, EQUIPMENT, AND MATERIALS

1. Bathrobe/clothing
2. Slippers/shoes
3. Footstool
4. Chair, wheelchair, or tray chair
5. Pillows
6. Commode
7. Bath blanket
8. Disposable pad
9. Laprobe

STEPS OF PROCEDURE:

1. Identify and greet resident; identify self.
2. Place wheelchair, tray chair or commode at bedside of resident at an approximate right angle to the bed to utilize resident's strongest side.
3. Lock wheelchair or tray chair brake.
4. Cover wheelchair or tray chair with bath blanket and/or disposable pads.
5. Explain procedure to resident.
6. Lower rail.
7. Lower bed.
8. Assist resident to sitting position on side of bed with legs dangling.
9. Assist resident into clothing/bathrobe and slippers/shoes.
10. Stand directly in front of resident. Place your hands under resident's armpits and have resident place his/her hands on your shoulders.
11. Assist resident to rise to standing position. Pause for balance adjustment.
12. Observe resident for dizziness.
13. Turn resident so that his/her back faces wheelchair or tray chair, pivoting your feet as the patient turns.

14. Assist resident to lower onto tray or wheelchair/commode. Flex your hips and knees as you lower resident.
15. Adjust footstool to resident's comfort.
16. Cover resident's knees and legs with bath blanket and/or laprobe.
17. Position pillow(s) to provide proper body alignment and joint support depending upon the size of the resident and the chair.
18. Push from behind wheelchair or tray chair except when entering an elevator; then turn and pull chair in backwards.
19. When going down an incline, turn tray or wheelchair around and walk backwards pulling the chair.
20. Person in wheelchair or tray chair should have on robe and slippers and have a blanket covering his/her lap.

Summary and conclusion

1. Ask Interaction Items 1-2.
2. Review steps of procedure.
3. When you have completed study of steps of the procedure you will practice on each other in the classroom-laboratory or on a resident in the health care facility under the direct supervision of a clinical instructor.

LESSON PLAN: 8

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-8

INTERACTION ITEMS: (Review Items)

1. What safety precautions need to be taken when assisting the resident to the tray or wheelchair or commode?
2. What should you observe when assisting the resident to stand?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Instructor demonstrates assisting a resident to a wheelchair, tray chair, or commode and back to bed.
2. Students practice assisting a resident and/or each other to a wheelchair, tray chair, or commode and back to bed.

LESSON PLAN: 8

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-8

EVALUATION ITEMS:

NAME OF STUDENT: _____

ASSIST RESIDENT TO WHEELCHAIR, TRAY CHAIR, OR COMMODE
AND BACK TO BED

Equipment:

1. Bathrobe/clothing
2. Slippers/shoes
3. Footstool
4. Chair, wheelchair, or traychair
5. Pillows
6. Commode
7. Bath blanket
8. Disposable pad
9. Laprobe

Did the student:	Yes	No
1. Identify and greet resident; identify self. _____		
2. Place wheelchair, tray chair or commode at bedside of resident at an approximate right angle to the bed to utilize residents strongest side. _____		
3. Lock wheelchair or tray chair brake. _____		
4. Cover wheelchair with bath blanket and/or disposable pads. _____		
5. Explain procedure to resident. _____		
6. Lower rail. _____		
7. Lower bed. _____		

Did the student:		Yes	No
8.	Assist resident to sitting position on side of bed with legs dangling. _____		
9.	Assist resident into clothing/bathrobe and slippers/shoes. _____		
10.	Stand directly in front of resident. Place your hands under resident's armpits and have resident place his/her hands on your shoulders. _____		
11.	Assist resident to rise to standing position. Pause for balance adjustment. _____		
12.	Observe resident for dizziness. _____		
13.	Turn resident so that his/her back faces wheelchair or tray chair, pivoting your feet as the patient turns. _____		
14.	Assist resident to lower onto chair/commode. Flex your hip and knees as you lower resident. _____		
15.	Adjust footstool to resident's comfort. _____		
16.	Cover resident's knees and legs with bath blanket and/or laprobe. _____		
17.	Position pillow(s) to provide proper body alignment and joint support depending upon the size of the resident and the chair. _____		
18.	Push from behind wheelchair or tray chair except when entering an elevator; then turn and pull chair in backwards. _____		
19.	When going down an incline, turn tray or wheelchair around and walk backwards pulling chair. _____		
20.	Person in wheelchair or tray chair should have on robe and slippers and have a blanket covering his/her lap. _____		

The student has satisfactorily completed the procedure "ASSIST RESIDENT TO WHEELCHAIR, GERIATRIC CHAIR, OR COMMODE AND BACK TO BED" according to the steps outlined.

Yes ____ No ____

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

LESSON PLAN: 9COURSE TITLE: Basic Paraprofessional TrainingUNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

INFORMATION TOPIC: III-9

OBSERVING AND REPORTING
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. List four methods of observation.
2. List 15 areas of observation.
3. Recognize changes in the resident's usual appearance and behavior.
4. Use and state the guidelines for reporting observation of status change in residents to charge personnel.
5. List 14 observations to make and report about medications given to the residents.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Checklist
2. Assessment sheets
3. Progress notes
4. Trainex filmstrip: "Observation and Charting"
5. Projector for filmstrip
6. HO 1: Observations to Report to the Supervisor
7. HO 2: Interventions for Common Side Effects

INFORMATIONAL ASSIGNMENT: (Student)

Selected text - appropriate pages

REFERENCES: (Instructor's Additional Information)

Conahan, Judith. Helping Your Elderly Patients: A Guide for Nursing Assistants. New York: The Tiresias Press Inc., 1976, pp. 77-86.

Gurney, Elizabeth, and Hindes, Tom. Nursing Procedures for the Practical Nurse. Columbus, OH: Ohio Trade and Industrial Education Service, Division of Vocational Education State Department of Education, 1965, pp 95-96.

Schmiedman, Rose, and Lambert, Susan. Being a Nursing Aide. 2nd ed. Bowie, MD: Robert Brady Co., 1978, pp. 31-37.

INTRODUCTION:

Making useful observations gives the developmental assistant satisfaction and a feeling of achievement. Observation technique must be practiced each day and requires the use of all of one's senses. Get in the habit of observing the resident any time you are with him/her. Check the resident from head to toe each day.

LESSON PLAN: 9

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-9

OUTLINE: (Key Points)

I. Observation

A. Methods

1. Seeing

- a. Look and think about what you are seeing and what it means.
- b. Observe for skin rash, reddened area, or swelling (edema).

2. Hearing

- a. Listen to a sound and try to understand what it means.
- b. Listen for a cough or wheezing sound when the resident breathes.
- c. Some changes can be felt and described only by the resident; pain, nausea, dizziness, a ringing in the ears, or headache.

3. Smelling

- a. Smell the odor of a discharge.
- b. Smell the odor of the resident's breath.
- c. A smell of sweet, ripe fruit indicates diabetic coma.

4. Touching

- a. You can feel signs with your fingers.
- b. Observations made by touching are:
 - 1) Skin hot or cold
 - 2) Skin wet, dry, firm, flabby, smooth, coarse, or puffy
 - 3) Change in resident's pulse rate

B. Areas of observation and things to observe

1. Activities of daily living

- a. Dressing
- b. Grooming
- c. Walking
- d. Eating
- e. Toileting
- f. Sleeping

2. Communication

- a. Talking a lot or very little
- b. Talking about the future or past
- c. Talking about where s/he hurts
- d. Talking sensibly
- e. Not making sense
- f. Speaking rapidly or slowly
- g. Cooperating or not cooperating

3. Mental condition

- a. Anxious
- b. Worried
- c. Calm
- d. Excited
- e. Depressed

4. Eating and drinking habits

- a. No appetite
- b. Dislikes diet
- c. Amount eaten
- d. Does s/he eat some of each food
- e. Thirsty

- f. Very seldom drinks water
- 5. Sleeping habits
 - a. Able to sleep
 - b. Restless
 - c. Complains about not being able to sleep (compare with your observations)
 - d. Sleeps more than normal
 - e. Constantly asleep
- 6. Position during sleep
 - a. Lies still or tosses around
 - b. Likes to lie in one position better than others
 - c. Prefers being on his/her back or side
 - d. Able to move easily
- 7. Skin
 - a. Pale (pallor) color
 - b. Flushed (red)
 - c. Dry or moist
 - d. Lips and fingernails are blue (cyanotic)
 - e. Swelling (edema)
 - f. Reddened areas and location
 - g. Skin shiny
 - h. Puffiness of the legs and feet
 - i. Cold and clammy
 - j. Hot
- 8. Eyes, ears, nose, and mouth
 - a. Sees spots or flashes before his/her eyes
 - b. Bright light bothers him/her
 - c. Eyes inflamed

- d. Difficulty breathing through his/her nose
- e. Mucous discharge from the nose
- f. Complains of a bad taste in his/her mouth
- g. Odor on his/her breath
- h. Ability to hear you
- i. Complains of ringing in ears

9. Breathing

- a. Wheezes
- b. Makes noises when s/he breathes
- c. Cough (productive or dry)
- d. Amount and color of sputum
- e. Dyspnea (difficulty breathing)

10. Abdomen, bowels, and bladder

- a. Stomach puffy
- b. Gassiness
- c. Belching
- d. Hiccoughs
- e. Nausea
- f. Vomiting (emesis)
- g. Constipation
- h. How often does the resident have a bowel movement?
- i. Consistency (hard, liquid, or soft) of feces (stool)
- j. Color of feces
- k. Does the stool look like black tar or coffee grounds?
- l. Large or small stool
- m. Blood, clumps of mucous, or pieces of white material in the feces

- n. How often does the resident void?
- o. Amount of voiding
- p. Pain during urination
- q. Voiding hard to start
- r. Sediment (cloudiness) or blood in the urine
- s. Color and odor of urine
- t. Incontinence of bowels and urine

11. Pain

- a. Location
- b. Duration (how long has s/he had pain?)
- c. Description of pain
 - 1) Constant
 - 2) Comes and goes
 - 3) Sharp
 - 4) Dull
 - 5) Aching
 - 6) Knifelike
 - 7) Has s/he had medication?
 - 8) Did the medication relieve the pain?

12. Movements

- a. Shaking (tremors and spasm)
- b. Limp
- c. Jerky
- d. Shaky
- e. Jumpy

13. Personal care

- a. Without help

- 1) Brush teeth
- 2) Comb hair
- 3) Go to the bathroom
- 4) Wash face

b. Needs assistance with the above

14. Body language

a. Posture

- 1) Rigid
- 2) Bent
- 3) Loose

b. Face

- 1) Smiles
- 2) Frowns
- 3) Covers parts with hands
- 4) Eye contact

c. Feet and legs

- 1) Taps
- 2) Kicks
- 3) Shuffles
- 4) Swings
- 5) Crosses legs at knees

d. Arms and hands

- 1) Clasps across chest
- 2) Rests chin on hands
- 3) Sits on hands

15. Medication side effects (HO 2)

a. Dizziness

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- b. Diaphoresis (excessive perspiration)
- c. Constipation
- d. Dry mouth
- e. Increased likelihood of seizures
- f. Tachycardia (rapid heart beat)
- g. Urinary retention and/or delayed urination
- h. Weight gain
- i. Photosensitivity (easily sunburned; occurs frequently with people taking antipsychotic medication)
- j. Nausea/vomiting
- k. Skin rashes
- l. Low blood pressure
- m. Drowsiness
- n. Increase in tissue size of gums (side effect of anticonvulsant medications)

(NOTE: It is very important to report any changes observed especially if they are sudden changes.)

- II. Guidelines for reporting observations of status change (review facility guidelines on reporting) (HO 1)
 - A. Write down resident's name, room number, and bed number.
 - B. Write or report your observations to the supervisor as soon as possible.
 - C. Report the exact time you made the observation.
 - D. Report the location of any abnormal sign.
 - E. Report only what you observe.
- III. Summary and conclusion
 - A. Methods of observation
 - B. Things to observe
 - C. Guidelines for reporting

Observing is a skill that will be very beneficial to you as a developmental assistant and to the residents you care for. It is important that you make accurate observations and report them according to the chain of command at your facility.

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OBSERVATIONS TO REPORT TO THE SUPERVISOR

Observe closely and accurately; and report promptly:

1. **All symptoms** - reported by the resident or observed but for which no complaint is voiced
2. **Change in vital signs** - temperature, pulse and respirations, and blood pressure
3. **Change in general appearance** - weak, depressed, apathetic, apprehensive, or hysterical
4. **Change in skin color** - sudden pallor, yellowish flushing, cyanosis, or blotching
5. **Change in respiration** - difficult breathing (dyspnea), rapid respiration, gasping, inability to breathe except when sitting or standing erect, or painful breathing
6. **Breath** - unpleasant, foul, sweet, or fruity odor, or smell of alcohol
7. **Cough** - exhausting, harsh, tight, dry, hacking, painful, or wheezing. If productive, report quantity, color (rusty, green, bloody), or thickness of mucoid.
8. **Dizziness** - any loss of balance, complaint of dizziness, or faintness
9. **Nausea or vomiting** - self-induced by resident, projectile (with force projection), color (bloody, coffee ground color, greenish), and consistency (liquid or undigested food)
10. **Convulsions** - time, duration, intermittent or continuous, mild or violent, and generalized or limited to one part of the body
11. **DELIRIUM** - continuous or intermittent, rambling of ideas or one persistent idea, coma or unconsciousness, or failure to respond.
12. **Chills** - time and duration, severity of chill (violent or shivering), temperature at time chill is completed, and temperature 30 minutes after chill is completed.
13. **Crying** - fretful, sharp, whining, or moaning. Give reason if known.
14. **Discharges** - unusual body discharge, location, and type (bloody, mucous, pus, or clear)
15. **Swelling** - (edema) location generalized or local - as legs and feet, color change accompanying swelling
16. **Skin conditions** - dryness, scales, rash, hives, blotching, boils, itching, reddened areas, bruises, abrasions, bedsores, or open raw areas
17. **Abdomen** - distended, hard, rigid, painful, or tender

18. **Eyes** - bloodshot, dull, yellowish color, anxious, inflammation, watery and tearing, sensitive to light, twitching, pupils contracted, dilated, or unequal, constant involuntary movement of eyeballs, or fixed look
19. **Appetite** - loss of appetite, failure to eat a meal (may be diabetic), eating of additional foods while on restricted diet, and difficulty the resident may have swallowing, chewing or feeding himself/herself
20. **Accidents or incidents** - time, witnesses, observations of injury, and cause or suspected cause of bruises and abrasions
21. **Sleep** - moaning, restless, sleep inability or short interval sleeping
22. **Oral hygiene** - lost or broken dentures or bridgework, mouth sores, tenderness, or bleeding gums.
23. **Physical activities** - failure of ambulatory resident to get out of bed or refusal to walk and exercise
24. **Bowel** - diarrhea, stool of unusual color (clay or black with blood), hard-formed stool, failure to defecate, or variation from his/her normal established bowel habits
25. **Urine** - unusual odor, color, cloudy, or bloody, change in output or failure to void, and catheter drainage system not open or draining an inadequate amount of urine.
26. **Bath** - failure to give bath or refusal of resident to receive bath or other routine nursing service for which you are responsible.
27. **Personality change** - irritable, depressed, anxious, hostile, combative, inappropriate laughter or crying, or withdrawn

INTERVENTIONS FOR COMMON SIDE EFFECTS

Side Effect	Interventions
Anxiety, restlessness, irritability, confusion	Follow guidelines set forth for these type patient behaviors.
Constipation	Encourage fluids, more bran, fresh fruit, and vegetables to be eaten.
Diaphoresis	Encourage fluids.
Dizziness	Change positions slowly. Encourage caution when going up and down stairs. Have patient dangle feet over the edge of the bed a few minutes when first getting out of bed. Have patient sit down or lie down at first sign of dizziness. Record blood pressure when sitting and standing.
Dry mouth	Encourage frequent sips of water. Suggest sucking on hard, sour candy (sugarless) or ice chips, or chewing sugarless gum. Suggest swabbing the mouth with lemon-glycerin swabs. Encourage to brush teeth regularly.
Increased likelihood of seizures	Monitor for seizures and follow guidelines established for caring for the patient with seizures.
Tachycardia	Monitor pulse for rate and irregularities.
Urinary retention and delayed micturation	Monitor fluid intake and output.
Weight gain	Encourage to eat a well-balanced diet with minimal high calorie snacks.
Photosensitivity	Encourage resident to cover head and arms when outdoors.

LESSON PLAN: 9

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-9

INTERACTION ITEMS: (Review Items)

1. What are four methods you may use to observe the resident?
2. What observations should you make in regard to the resident's appearance?
3. What observations should you make in regard to the resident's behavior?
4. What observations should you make in regard to the resident's body language?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Class discussion of observations to make about the resident's hearing; mental condition; eating and drinking habits; sleeping habits; skin; eyes; breathing; and abdomen, bowels, and bladder.
2. Show filmstrip.

LESSON PLAN: 9

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

ANSWERS TO EVALUATION ITEMS

I. Listing:

1. List four methods of observation:

- a. Seeing
- b. Hearing
- c. Smelling
- d. Touching

2. List five areas of observation:

- a. Performance of ADL
- b. Communication
- c. Mental condition
- d. Eating and drinking habits
- e. Sleeping habits
- f. Skin
- g. Eyes, ears, nose and mouth
- h. Breathing
- i. Abdomen, bowels, and bladder
- j. Pain
- k. Movements
- l. Personal care performance
- m. Body language
- n. Medication side effects

3. List five medication side effects:

- a. Dizziness

- b. Diaphoresis
- c. Constipation
- d. Dry mouth
- e. Increased likelihood of seizures
- f. Tachycardia
- g. Urinary retention and/or delayed urination
- h. Weight gain
- i. Photosensitivity
- j. Nausea/vomiting
- k. Skin rashes
- l. Low B.P.
- m. Drowsiness
- n. Increase in tissue size of gums

II. Short Answer:

- I. State the procedure for reporting to your supervisor a change in the resident's condition. (Answer will vary among facilities).

LESSON PLAN: 10

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

INFORMATION TOPIC: III-10

CHARTING ON MEDICAL RECORDS
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Recognize common abbreviations and symbols used in charting.
2. Chart procedures from the sample care plan which was to be completed on a given day.
3. Chart observations using basic guidelines.
4. List and accurately demonstrate the completion of 5 nursing service forms.
5. List and demonstrate the correct use of one nursing reference resource.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Pen
2. Charting paper
3. Blackboard
4. Dictionary
5. Facility procedure manual
6. Forms for charting by developmental assistants

INFORMATIONAL ASSIGNMENT:

Have each student bring charting forms used in his/her employment facility.

REFERENCES: (Instructor's Additional Information)

MacKenzie, Beverly A. Nursing Home Progress Notes. Madison, WI: MacKenzie Co., 1978, pp. 1-99.

INTRODUCTION:

In today's field of health care there is a need for accurate descriptions of the care given to residents and the conditions that exist throughout the resident's stay. The progress notes must communicate clearly and efficiently with government agencies, health care professionals, and the consumer. Your lesson today will be how to record effective, accurate descriptions of care given and observations made of the resident assigned to your care. How much you will need to record depends upon the facility policy where you are employed.

Remember: If it is not charted, it is assumed it was not done.

LESSON PLAN: 10

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-10

OUTLINE: (Key Points)

I. Abbreviations and symbols

A. Activities of daily living (A.D.L.)

1. ad lib - as described
2. amb. - ambulatory
3. B.M. - bowel movement
4. B.R.P. - bathroom privileges
5. cath. - catheter
6. S.O.B. - short of breath
7. W/C - wheelchair
8. R.O.M. - range of motion
9. R.O. - reality orientation
10. T.L.C. - tender love and care

B. Food and fluids

1. a.c. - before meals
2. amt. - amount
3. c.c. - cubic centimeter
4. H₂O - water
5. I & O - intake and output
6. liq. - liquid
7. p.c. - after meals
8. P.O. - by mouth

9. ss - half

C. Vital signs (V.S.)

1. B.P. - blood pressure

2. T.P.R. - temperature, pulse, respiration

3. wt. - weight

4. ht. - height

D. Time and frequency

1. a.m. - morning

2. b.i.d. - twice a day

3. h. - hour

4. h.s. - bedtime

5. p.m. - afternoon

6. p.r.n. - whenever necessary

7. q. - every

8. q.i.d. - four times a day

9. t.i.d. - three times a day

E. Miscellaneous

1. $\bar{c}$ - with

2. $\bar{s}$ - without

3. sol. - solution

II. Charting

A. Purpose

1. Communicate with other members of the habilitation team

a. Physician's orders

b. Habilitation plan

c. Progress notes

d. Nursing notes

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2. Legal document describing the delivery of care to meet habilitation needs of residents
 3. Legal document to provide evidence to regulatory agencies that requirements for licensure and certification are met
 4. Documentation for insurance purposes and/or litigation
- B. Charting is done by authorized personnel according to the facility policy
1. Weekly progress summary
 2. When necessary
- C. Basic rules
1. Notes must be precise and exact.
 2. Use correct span of shift as related to date.
 3. Do not skip lines.
 4. Use only approved abbreviations (see facility's policy).
 5. Complete proper headings on each chart sheet.
 6. Never erase. Draw one line through an error. Write "error" and initial.
 7. Use simple, correct terminology.
 8. Use direct quotes when necessary.
 9. Indicate number of times an event occurs during a shift, day, week, etc.
 10. Make follow-up notations of results of actions.
 11. Use correct grammar, spelling, and punctuation (use the dictionary).
 12. Read notations made by other personnel.
 13. Chart what you actually see and hear.
 14. Signature (facility policy)
 15. Never chart a procedure before it has been performed.
 16. All charting is done in ink.
- D. Progress notes should include information about:
1. Mobility and balance
 2. Diet and eating

3. Bathing, dressing, and grooming
4. Elimination
5. Speech, hearing, and sight
6. Behavior and mental condition
7. Restorative nursing procedures
8. Dentition and oral hygiene
9. Comfort measures
10. Spiritual needs
11. Sleeping patterns
12. Problems identified in habilitation plan
13. Resident teaching
14. Self-help procedures and resident's reactions
15. Resident's reactions to family and visitors
16. Resident's reactions to people other than family and visitors
17. Resident activities during her/his "free" time

E. Variations in charting

1. Check chart (flow sheets)
 - a. Appropriate square
 - b. Appropriate description of action
2. Narrative notes
3. Problem oriented medical record (or variations of) - see facility policy and procedure.

III. Purpose and procedure for nursing service forms

- A. Progress notes
- B. Valuables list
- C. Requisition order
- D. Incident reports
- E. Injury reports

- F. Seizure reports
- G. Others
- IV. Reference resources
 - A. Physician's Desk Reference (PDR)
 - B. Medical dictionary
 - C. Nursing procedure manual
 - D. Department operating regulations manual
 - E. Facility policy manual
 - F. Disaster manual
 - G. Infection control manual
- V. Summary and conclusion
 - A. Abbreviations and symbols
 - B. Charting
 - C. Nursing service forms
 - D. Reference resources

In today's lesson, we have discussed common abbreviations and symbols used in charting. We have also discussed the procedure for completing various nursing service forms.

LESSON PLAN: 10

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-10

INTERACTION ITEMS: (Review Items)

1. What is the purpose for each of the following forms:
 - a. Progress notes
 - b. Valuables list
 - c. Requisition order
 - d. Incident report
 - e. Injury report
 - f. Seizure report
2. What are the purposes of charting?
3. Who should chart?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Prepare flash cards for "Abbreviation Bee."
2. Choose teams for "Abbreviation Bee."
3. Write statement(s) for charting based on sample habilitation plan.
4. Review facilities' forms and guidelines for completing forms.
5. Provide hypothetical situation to class and have them chart the situation based on the basic rules for charting.
6. Have each student accurately complete 5 nursing service forms. They may be chosen from the following or it may be one of importance to your particular facility that is not listed.
 - a. Progress notes
 - b. Valuables list
 - c. Requisition order
 - d. Incident report
 - e. Injury report
 - f. Seizure report
7. Review questions for charting on a newly admitted resident.

LESSON PLAN: 10

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

ANSWERS TO EVALUATION ITEMS

Matching:

Match the following abbreviations and symbols with their representing terms.

- | | |
|-----------|-----------|
| a. A.D.L. | f. R.O. |
| b. ad lib | g. R.O.M. |
| c. amb. | h. S.O.B. |
| d. B.M. | i. T.L.C. |
| e. B.R.P. | j. W/C |

- e 1. Bathroom privileges
- h 2. Shortness of breath
- c 3. Ambulatory
- d 4. Bowel movement
- j 5. Wheelchair
- a 6. Activities of daily living
- g 7. Range of motion
- b 8. As desired
- f 9. Reality orientation
- i 10. Tender love and care

Match the following abbreviations and symbols with their representing terms.

- | | |
|---------------------|-----------|
| a. a.c. | g. p.r.n. |
| b. B.P. | h. T.P.R. |
| c. c.c. | i. c |
| d. H ₂ O | j. s |
| e. I & O | k. ss |
| f. P.O. | l. t.i.d. |

- f 11. By mouth
- k 12. Half
- a 13. Before meals

- i 14. With
- b 15. Blood pressure
- i 16. Without
- g 17. Whenever necessary
- l 18. Three times a day
- c 19. Cubic centimeter
- e 20. Intake and output
- h 21. Temperature, pulse, respiration
- d 22. Water

23. Complete nursing notes include which of the following?

Circle correct answer below.

- 1. Notes must be precise and accurate.
- 2. Date each notation accurately.
- 3. Documentation should be related to the span of a shift.
- 4. Each hour and minute is used to record all things.

- a. 1, 2 & 4
- b. 2, 3 & 4
- c. 1, 2 & 3
- d. 1, 3 & 4

24. Which of the following is the correct way for a developmental assistant to sign his/her name?

Circle correct answer below.

- a. Susan Metz
- b. Susan Metz, D.A.
- c. S. Metz, D.A.
- d. S. Metz

25. Write the procedure for correcting a charting error.

Answer may vary among facilities - follow facility guidelines.

LESSON PLAN: II

DMH Code 44102

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

INFORMATION TOPIC: III-II

PERSONAL CARE
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Identify five key points related to bathing resident in an MR/DD facility.
2. Identify nine key points related to skin care of the resident in an MR/DD facility.
3. Identify four key points related to oral hygiene of the resident.
4. Recall how often a shampoo is given to residents in an MR/DD facility.
5. Identify four key points of hand and foot care.
6. Identify three key points when dressing and undressing the patient in an MR/DD facility.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Areas of the Body to Observe for Signs of Irritation
2. HO 2: The Plaque Chain
3. HO 3: How to Brush Your Teeth
4. Trainex Long-Term Care Series, filmstrips:
 - a. "Bathing"
 - b. "Personal Care"
 - c. "Decubitus Care"

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Brooks, Lucy. The Nurse Assistant. Albany, NY: Delmar Publishers, 1978, pp. 45-52.

Hospital Research and Educational Trust. Being a Nurse Aide. 2nd ed. Bowie, MD: Robert Brady Co., 1978, pp. 130-147.

Reese, Dorothy Erickson. How to be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1976, pp. 25-40.

INTRODUCTION:

Personal care is very important to us. Think of all we do to improve our looks. We bathe, comb our hair, brush our teeth, take care of our fingernails and toenails, and dress ourselves appropriately. The resident in an MR/DD facility requires the same care. You, as a developmental assistant, must either see that the residents do these things for themselves, assist them with the grooming, or perform the complete grooming for the resident. A good physical appearance enhances the dignity of any individual. This lesson will help you to meet the resident's personal care needs.

LESSON PLAN: II

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-II

OUTLINE: (Key Points)

I. Baths

A. Types of Baths

1. Bed
 - a. Complete
 - b. Partial
2. Tub
3. Shower

B. Frequency

C. Privacy

1. Close doors.
2. Pull curtains.
3. Cover with bath blanket.

D. Safety

1. Prevent falls and burns.
2. Supervise and assist.

E. Mobility

1. Encourage independence.
2. Use stool in tub or shower.

F. Special observations

1. Impaired circulation
2. Skin folds

3. Chilliness
 4. Cyanosis
 5. Weak pulse
- G. Points to remember when caring for the resident who is:
1. Unconsciousness
 - a. Ask for assistance when moving or positioning residents.
 - b. Do not give oral fluids.
 - c. Do not talk about the resident when she/he may still hear.
 - d. Position in good body alignment.
 - e. Check frequently for incontinence.
 2. In traction
 - a. Do not move weights.
 - b. Do not jar the bed.
 3. Paralyzed
 - a. Handle affected side with care.
 - b. Do not leave on affected side very long.
 - c. Position for good circulation.
 4. Blind
 - a. Arrange articles within reach and tell where to be found.
 - b. Speak when entering or leaving the room.
- H. Key points
1. Gather all equipment before beginning.
 2. Position resident close to you.
 3. Make washcloth mitten to avoid dangling ends.
 4. Change water when too soapy or too cold and after washing feet.
 5. Do not leave soap in water.
 6. Rinse all soap from skin.

7. Check discarded linen and clothing for valuables before sending to laundry.
8. Use resident's own body powder and deodorant.

II. Skin Care

A. Methods of promoting optimal skin care

1. Back rubs and massage at bedtime to induce sleep
2. Use of lotions after every bath
3. Decubitus prevention and/or care as scheduled
4. Keeping skin clean and dry especially after every voiding or bowel movement
5. Incontinence care - check hourly
6. Repositioning at least every two hours for dependent residents

B. Special observations

1. Skin folds for irritation
2. Pressure points for decubiti
3. Rashes, swelling and bruises
4. Dryness
5. Sores, irritations
6. Growths
7. Cuts and/or abrasions
8. Incontinency

C. Key points

1. Oils or lotions are needed on dry skin rather than powder.
2. Apply oils or lotions directly to skin - not to water in tub due to slip hazard.
3. Use antipressure devices such as egg carton pads, foam pads, soft pillows, sheepskin, lambswool, and air mattresses to prevent decubiti.
4. Avoid use of rubber rings that interfere with circulation.
5. Stimulate circulation and relax muscles with back rubs.

6. Warm oils or lotions before applying.
7. Gently massage bony prominences.
8. Change the position of dependent residents every two hours during the day and every two hours during the night.
9. Keep incontinent resident clean and dry.
10. Exercise restrained residents for 10 minutes every two hours.
11. Prevent decubiti by position changes, skin massages, and exercises.
12. Apply medication in accordance with the facility guidelines when medication is given as part of decubiti care.
13. Do not apply treatments of any kind, such as heat lamp, without a physician's order.
14. Handle residents needing assistance with extreme gentleness to prevent bruising.
15. Use separate razor blades for each resident to prevent infection.
16. Encourage independence with electric razors.
17. Do not use electric razors between residents unless the shaving blade is sterilized after each use.
18. Perform shaving procedure in the resident's bedroom or bathroom, not in public areas. (Activity 2)

III. Oral Hygiene

A. Types

1. Independent toothbrushing
2. Assistance with toothbrushing
3. Denture and mouth care for the dependent resident
4. Mouth care for the unconscious resident

B. Frequency

1. After every meal is ideal
2. At least once daily
3. Every two hours for the unconscious resident

C. Special observations

1. Check mouth and gums for reddened areas, sores, and growths.
2. Check fit of dentures

D. Key points

1. Encourage regular mouth care to prevent:
 - a. Accumulation of plaque and calculus
 - b. Bad odors
 - c. Coating of tongue
 - d. Sores
2. Encourage residents to do their own brushing and massaging.
3. Handle dentures carefully to prevent damage.
4. Keep dentures in water when not in mouth to prevent warping.
5. Scour dentures occasionally with nonabrasive cleaner.
6. Check linen and clothing for dentures before sending to laundry.
(Activity 2 and 6)

E. Chain of decay (HC 2)

1. Dental caries (cavities)
 - a. Most wide spread dental disease in children
 - b. Result of bacterial infection
 - c. Factors contributing to dental caries
 - 1) Plaque
 - 2) Sugar
 - 3) Acid
2. Plaque
 - a. Soft sticky, colorless bacteria
 - b. Constantly forms on teeth
 - c. Organizes in colonies in 24 hours

3. Acids and irritants
 - a. By-product of plaque
 - b. Causes most common dental diseases
 1. Caries in children
 2. Periodontal disease in adults
4. Decay process
 - a. Plaque sticks to teeth
 - b. Sugar from food form acid
 - c. Acid sticks to plaque on teeth
 - d. Acid attacks enamel
 - e. Bacteria gains access to body of tooth
 - f. Cavity results

F. Basic brushing (HO 3)

1. Place the head of the toothbrush alongside the teeth with the bristle tips angled against the gum line.
2. Move the brush back and forth with short (half-a-tooth wide) strokes several times, using a gentle "scrubbing" motion with moderate pressure.
3. Brush the outer surfaces of each tooth, both upper and lower arch, keeping the bristles angled against the gum line.
4. Use the same method on all of the inside surfaces of the teeth, upper and lower, still using the short back and forth strokes.
5. Scrub the chewing surfaces of all teeth, upper and lower.
6. Brush the inside surfaces of the upper and lower front teeth by tilting the brush vertically and making several gentle up and down strokes with the "toe" (the front part of the brush over the tooth and gum tissue).
7. Brush the tongue to help remove loosened plaque and to freshen the breath.
8. Establish routine and follow daily.
9. Remember: thoroughness is more important than technique.
10. Replace brushes with thin frayed bristles.

IV. Hair care

A. Types of hair care

1. Daily brushing, grooming, and styling
2. Shampoo
 - a. Frequency depends on hair type
 - b. At least weekly
 - c. More often if needed
3. Haircuts
4. Permanents

B. Special observations

1. Dandruff
2. Cradle cap
3. Infestations of lice
4. Infection

C. Key points related to combing/brushing/picking hair

1. Use the resident's own brush, comb, and/or pick to prevent infection.
2. Clean the comb, brush, and/or pick once a week.
3. Attractive hair styling is a morale booster.
4. Encourage resident to brush, comb, and/or pick own hair for exercise.
7. Brush tangled hair from ends to scalp.

D. Key points related to shampooing hair

1. Shampoo residents hair regularly.
2. Place resident in sitting position and protect his/her clothing with a towel around the shoulders.
3. Select a shampoo based on the type of hair
4. Rinse all soap from hair until "squeaky" clean.

5. Apply a hair rinse or hair oil depending on the hair type, after shampooing.
6. Brush or comb tangled hair from ends to scalp. Detangling sprays can be used on residents who have hard to manage hair.
7. Use hair dryers with extreme caution.
8. Avoid using brush curlers interchangeably between patients. This can be an infection source.

V. Hand and foot care

A. Types

1. Manicure
2. Pedicure
3. Clean regularly
4. Podiatry

B. Frequency (review facility policy)

1. Clean under nails daily with flat toothpick, individual nail file, or orange wood stick.
2. Trim nails as often as needed for control.

C. Key points

1. Trim nails after bath when they are softer.
2. Cut fingernails oval shaped.
3. Cut toenails straight across, approximately.
4. Carefully trim hang nails.
5. Remember: only a licensed nurse or physician should cut nails that are extremely thick and brittle or those for diabetic resident.
6. Use file or emery board to trim nails and smooth rough edges with contour of finger. Start at the side of the nail and file toward the center.
7. Observe nail beds for roughness and discoloration.
8. Dry thoroughly between toes and fingers.
9. Avoid use of garters that restrict circulation.

10. See that ambulatory residents wear good supporting shoes and stockings rather than house slippers.
11. Report unusual symptoms such as growths, corns, and reddened areas to charge personnel.

VI. Dressing

A. Types

1. Bedclothes
2. Day clothes
 - a. Indoor
 - b. Outdoor

B. Frequency

1. Change to bedclothes at hour of sleep
2. Encourage to dress for day's activities.

C. Key points

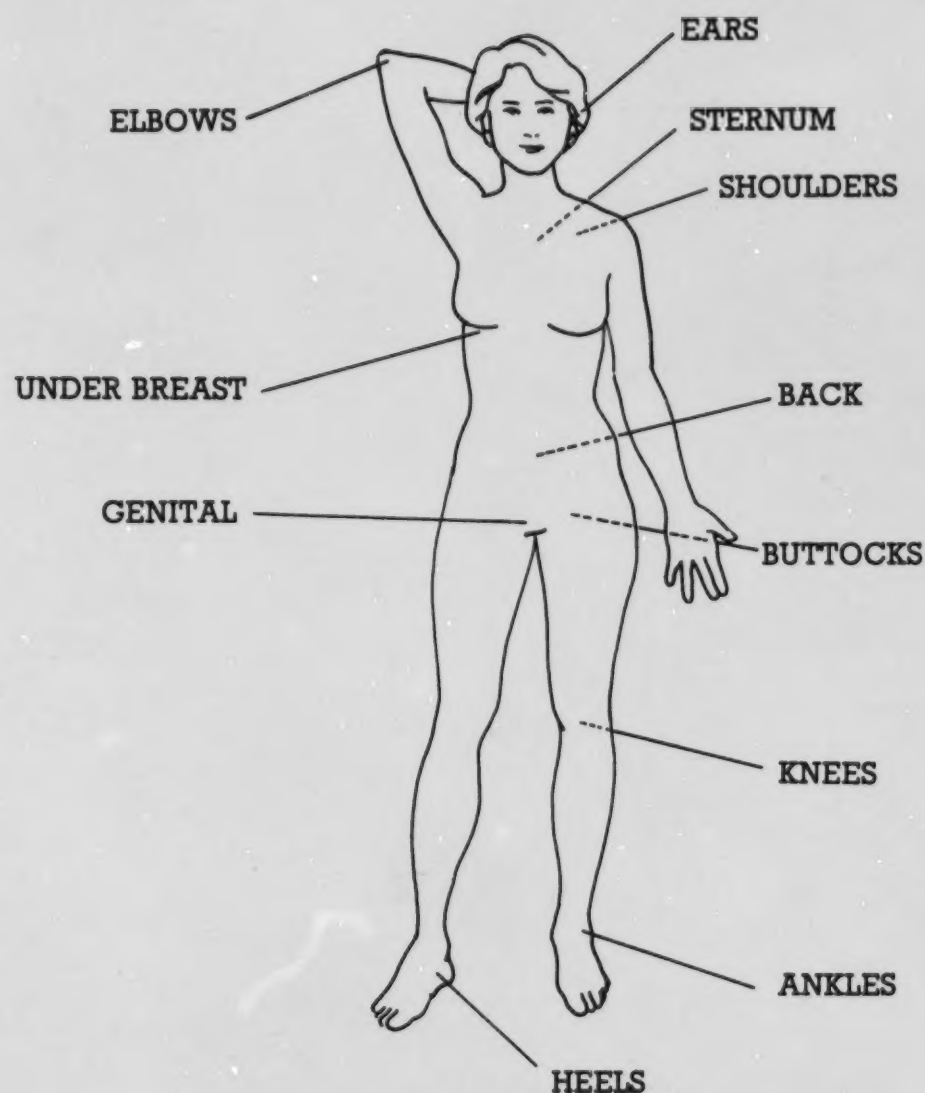
1. Supervise appropriate dress.
 - a. Occasion
 - b. Weather
2. Check cleanliness and repair of clothing.
3. Assure complete dress.
 - a. Underwear
 - b. Shoes and stockings
 - c. Sweaters and jackets
 - d. Laprobes
4. Utilize distracting activities or use adaptive clothing for those who persist in disrobing.
5. Encourage clothes that open down the front or slip-over tops for physically handicapped persons.
7. Place soiled clothing in proper storage.

VII. Summary and conclusion

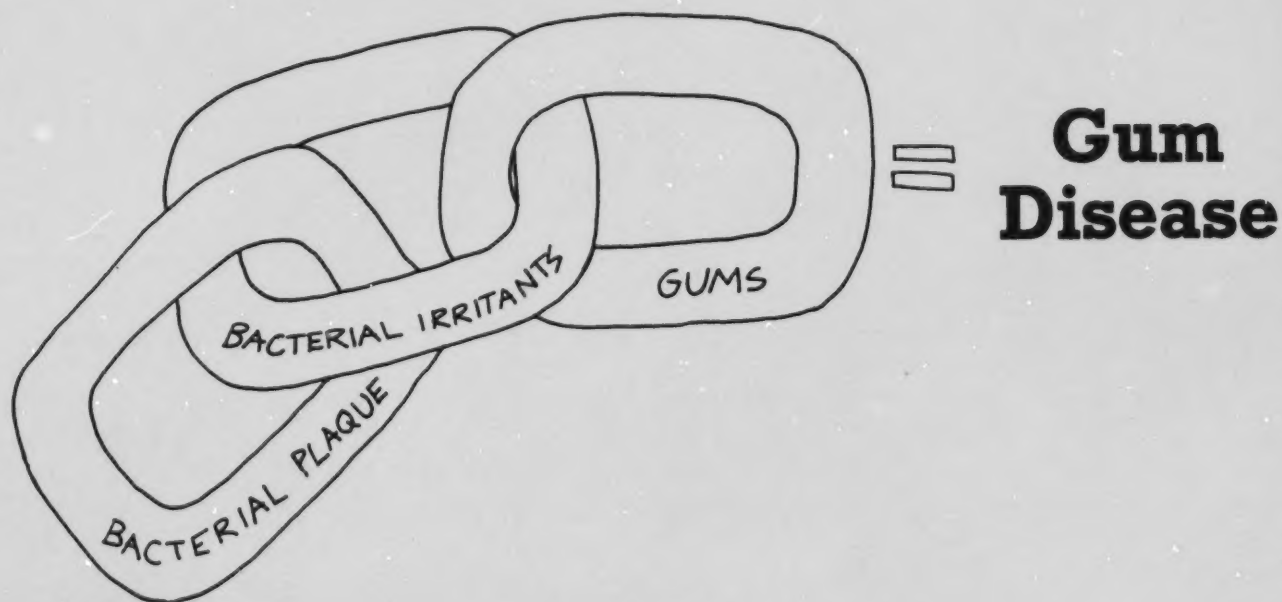
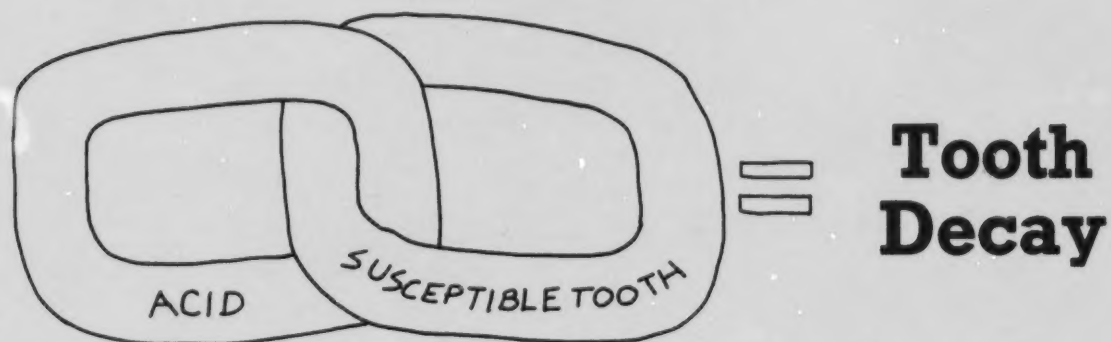
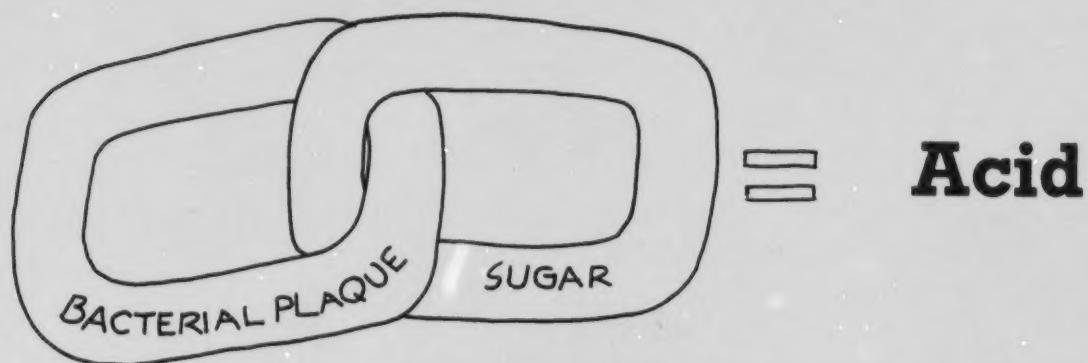
- A. Baths
- B. Skin care
- C. Oral hygiene
- D. Hair care
- E. Hand and foot care
- F. Dressing

The rest of this unit will be devoted to the procedures you will learn in order to provide personal care for the resident. The next lesson will be a demonstration in which you will learn to give or assist with oral hygiene.

Areas of the Body to Observe for Signs of Irritation

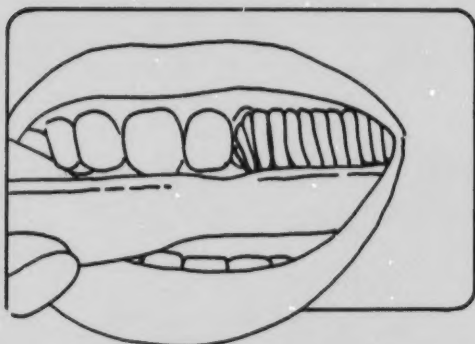


The Plaque Chain



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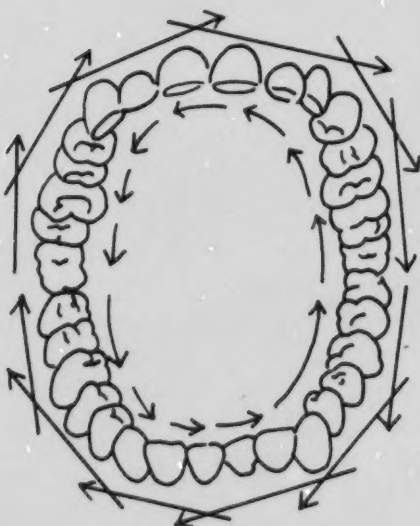
How to Brush Your Teeth



Place the head of your brush alongside your teeth, with the bristle tips angled against the gum line.



Brush the insides of front teeth with the "toe" (front part) of the brush.



Brush the outer, inner, and chewing surfaces of your upper and lower teeth.

LESSON PLAN: II

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-II

INTERACTION ITEMS: (Review Items)

1. What are five key points related to bathing residents?
2. What are nine key points related to skin care of residents?
3. What are six key points related to oral hygiene of the resident?
4. How often a shampoo is given to resident?
5. What are four key points of hand and foot care?
6. What are three key points when dressing and undressing the resident?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Instructor demonstrates checking the mouth and gums of a resident.
2. Show filmstrips.

LESSON PLAN: II

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

ANSWERS TO EVALUATION ITEMS

In the space provided, place a "T" if the statement is True and an "F" if the statement is False.

- T 1. Bath water is changed after washing the feet.
- F 2. Soap may be left in the bath water.
- T 3. Soap must be rinsed from the skin.
- T 4. A washcloth mitten should be made to avoid dangling ends.
- T 5. Hands and feet can be placed in the basin to bathe them.
- F 6. Oils or lotions may be placed in the tub during a resident's bath.
- T 7. Backrubs stimulate circulation.
- T 8. Oils or lotions should be warmed before applying to the resident's skin.
- F 9. The position of a disabled resident must be changed every three hours.
- F 10. The same razor blade may be used for several residents.
- T 11. Oral hygiene should be done at least once daily.
- T 12. Residents should be encouraged to do their own hygiene.
- T 13. Dentures should be placed in a dry denture cup when not in use.
- T 14. Regular mouth care prevents bad odors and sores in the mouth.
- F 15. Shampooing is done at least once a week.
- T 16. Nails should be trimmed after the bath because they are softer.
- F 17. Toenails are cut to follow the curve of the toe.
- T 18. A diabetic's nails should be cut by a Registered Nurse or podiatrist.
- T 19. The area between the fingers and toes should be dried thoroughly.
- T 20. The developmental trainee may need to check the resident to see if he/she has on complete clothing.

- F 21. When assisting resident with a disabled limb to dress, the disabled limb should be dressed first.
- T 22. Clothes that open down the front are much more convenient for disabled persons.

LESSON PLAN: 12COURSE TITLE: Basic Paraprofessional TrainingUNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

DEMONSTRATION: III-12

GIVE/OR ASSIST WITH ORAL HYGIENE
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Assist with oral hygiene according to steps of procedure.
2. Administer oral hygiene to a disabled resident according to steps or procedure.
3. Administer or assist with oral hygiene according to steps or procedure for a resident who has dentures.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Cup or glass
2. Emesis basin
3. Paper towel
4. Mouth wash (optional)
5. Water
6. Towel
7. Toothbrush
8. Toothpaste or powder

For disabled resident, also include:

9. Tongue depressor
10. Commercially prepared mouth swab
11. Lip balm

NOTE: Use denture preparation for resident who has dentures.

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Brooks, Lucy. The Nurse Assistant. Albany, NY: Delmar Publishers, 1978, pp. 46-47.

Mayes, Mary E. Nurse's Aide Study Manual. 3rd ed. Philadelphia: W. B. Saunders Co., 1976, pp. 88-91.

Reese, Dorothy Erickson. How to be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1976, pp. 30-33.

INTRODUCTION:

This lesson will show you how to administer or assist with oral hygiene. This is a procedure that should be done after each meal. If possible, the resident should be taken to the bathroom for oral hygiene. The resident should be trained to perform his/her own oral hygiene; but if the resident cannot do so, the developmental assistant must assist or do it for him/her.

Residents may have upper and/or lower dentures. Dentures should be cleaned after meals and when necessary, such as after a resident vomits. Always handle dentures very carefully. Remember, they are very expensive to replace if broken.

Some residents will need special assistance with oral hygiene. If the disabled resident has dentures or partial plates, they should be removed and washed before giving mouth care.

To prevent allergic reactions or inhalation of a petroleum based product, never use cold cream or petroleum jelly on a resident's lips without a physician's order.

Remember to use only a small amount of tooth paste on the toothbrush because too much tooth paste can collect in the resident's mouth and cause the resident to choke. Also, never use gauze in a resident's mouth or on the lips; it can dry the skin thus causing threads to detach and remain in the mouth or on the lips.

LESSON PLAN: 12

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-12

EQUIPMENT, TOOLS, AND MATERIALS NEEDED:

1. Cup or glass
2. Emesis basin
3. Paper towel
4. Mouth wash (optional)
5. Water
6. Towel
7. Toothbrush
8. Toothpaste or powder

For helpless resident, also include:

9. Tongue depressor
10. Commercially prepared mouth swab
11. Lip balm

NOTE: Use denture preparation for resident who has dentures.

STEPS OF PROCEDURE:

Steps beginning procedure

1. Wash your hands.
2. Arrange equipment for resident.
3. Tell resident what you are going to do.

Assist with oral hygiene

1. Get mouth wash ready.
(NOTE: Dilute the mouth wash with water.)
2. Spread towel under the resident's chin.
3. Pour water over toothbrush.
4. Instruct or assist resident to put a small amount of toothpaste on the toothbrush.
5. Have resident brush teeth.
6. Instruct resident to brush teeth in small circular motions, including gums and also to brush the tongue gently.

7. Hold emesis basin under the resident's chin.
8. Have resident spit into emesis basin.
9. Instruct or assist resident to rinse the mouth.
10. Hold emesis basin under resident's chin with one hand.
11. Hand resident mouth wash (may use straw).
12. Let resident spit into basin.
13. Have resident wipe lips with the towel.

Resident with dentures

1. Spread towel under resident's chin.
2. Ask the resident to remove dentures.
3. Ask resident to put the dentures in a denture cup with denture solution or water.
4. Allow dentures to soak.
5. Brush dentures under running water using toothbrush and toothpaste. Pad sink with towel to prevent breaking if dropped.
6. Rinse dentures.
7. Rinse denture cup and refill with water.
8. Place dentures in cup.
9. Return dentures to resident.
10. Have resident rinse mouth and reinsert dentures.
11. Have resident wipe mouth with towel or tissue (discard in paper bag).

Steps ending procedures

1. Remove towel.
2. Remove, clean, and store equipment.
3. Wash hands.

Summary and conclusion

1. Ask Interactions Items.

2. Review steps of procedure.
3. When you have completed study of the steps of procedure you will practice on each other in the classroom-laboratory or on a resident in the health care facility under the direct supervision of a clinical instructor.

LESSON PLAN: 12

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-12

INTERACTION ITEMS: (Review Items)

1. How do you brush the teeth?
2. What might help the resident to use mouth wash?
3. What should be done to protect the resident's clothing during the procedure?
4. Why is it important to place a towel under the resident's chin when giving/assisting with mouth care?
5. What area of the resident's mouth do you clean with the moistened cloth?
6. How does the procedure for giving mouth care to the disabled resident differ if the resident has dentures?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Instructor demonstrates assisting/administering oral hygiene.
2. Have students brush each other's teeth.
3. Instructor demonstrates cleaning dentures.
4. Students clean dentures under instructor's supervision.
5. Class discussion of why you should not use cold cream or petroleum jelly without a doctor's order.
6. Show students gauze square and explain how the threads will stick to the resident's tongue.

LESSON PLAN: 12

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-12

EVALUATION ITEMS:

NAME OF STUDENT: _____

GIVE/ASSIST WITH ORAL HYGIENE

Equipment:

1. Cup or glass
2. Emesis basin
3. Paper towel
4. Mouth wash (optional)
5. Water
6. Towel
7. Toothbrush
8. Toothpaste or powder

For helpless resident, also include:

9. Tongue depressor
10. Commercially prepared mouth swab
11. Lip balm

NOTE: Use denture preparation for resident who has dentures.

	Yes	No
Did the student:		
<u>Steps beginning procedures</u>		
1. Wash your hands. _____		
2. Arrange equipment for resident. _____		
3. Tell resident what you are going to do. _____		
<u>Assist with oral hygiene</u>		
1. Get mouth wash ready. _____		

(NOTE: Dilute the mouth wash with water.)

Did the student:	Yes	No
2. Spread towel under the resident's chin. _____		
3. Pour water over toothbrush. _____		
4. Instruct or assist resident to put a small amount of toothpaste on the toothbrush. _____		
5. Have resident brush teeth. _____		
6. Instruct resident to brush teeth in small circular motions, including gums and also to brush the tongue gently. _____		
7. Hold emesis basin under the resident's chin. _____		
8. Have resident spit into emesis basin. _____		
9. Instruct or assist resident to rinse the mouth. _____		
10. Hold emesis basin under resident's chin with one hand. _____		
11. Hand resident mouth wash (may use straw). _____		
12. Let resident spit into basin. _____		
13. Have resident wipe lips with the towel. _____		
<u>Resident with dentures</u>		
1. Spread towel under resident's chin. _____		
2. Ask the resident to remove dentures. _____		
3. Ask resident to put the dentures in a denture cup with denture solution or water. _____		
4. Allow dentures to soak. _____		
5. Brush dentures under running water using toothbrush and toothpaste. _____		
6. Rinse dentures. _____		
7. Rinse denture cup and refill with water. _____		
8. Place dentures in cup. _____		
9. Return dentures to resident. _____		
10. Have resident rinse mouth and reinsert dentures. _____		

<u>Did the student:</u>	Yes	No
11. Have resident wipe mouth with towel or tissue (discard in paper bag). _____		
<u>Steps ending procedures</u>		
1. Remove towel. _____		
2. Remove, clean, and store equipment. _____		
3. Wash hands. _____		

The student has satisfactorily completed the procedure "GIVE/ASSIST WITH ORAL HYGIENE" according to the steps outlined.

Yes _____ No _____

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

LESSON PLAN: 13COURSE TITLE: Basic Paraprofessional TrainingUNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

DEMONSTRATION: III-13

GIVE/ASSIST WITH TUB/SHOWER BATH
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Give or assist with a tub/shower bath following the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Two bath towels
2. Washcloth
3. Soap in dish
4. Bath thermometer
5. Chair
6. Clean clothing
7. Disinfectant solution
8. Bath mat
9. Bathtub mat (non-slip)
10. Cleaning cloth
11. Resident's personal lotion and bath powder
12. Bath blanket
13. Shower cap

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Hospital Research and Educational Trust. Being a Nursing Aide. 2nd ed. Bowie, MD: Robert Brady Co., 1978, pp. 139-141.

Knoedler, Evelyn L. Manual for the Nurse's Aide. Albany, NY: Delmar Publishers, 1968, p. 82.

Reese, Dorothy Erickson. How to be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1976, pp. 30-33.

INTRODUCTION:

The tub/shower bath is given to residents who are able to use the facilities of a tub or shower. This bath provides greater relaxation than the bed bath and gives a feeling of being cleaner. It also helps promote better elimination. The developmental assistant must check with the supervisor for guidance as to how much assistance the resident will require. It is the developmental assistant who is responsible for the safety and comfort of the resident during the procedure. Remember that the bathroom door should never be locked. If the resident should become faint, immediately let the water out of the tub, lower his/her head, cover the resident with a bath blanket, and call for help. Always note when and how long the bath was given and unusual observations in order to report this information to the supervisor.

LESSON PLAN: 13

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-13

EQUIPMENT, TOOLS, AND MATERIAL

1. Two bath towels
2. Washcloth
3. Soap in dish
4. Bath thermometer
5. Chair
6. Clean clothing
7. Disinfectant solution
8. Bath mat
9. Bathtub mat (non-slip)
10. Cleaning cloth
11. Resident's personal lotion and bath powder
12. Bath blanket
13. Shower cap

STEPS OF PROCEDURE:

Beginning steps for the tub/shower bath

1. Wash hands.
2. Assemble equipment.

(NOTE: Take no electrical appliances into bathroom.)

- a. Bath towel (Two bath towels if you do not have a bathtub mat)
- b. Washcloth
- c. Soap in dish
- d. Bath thermometer
- e. Chair
- f. Clean clothing
- g. Disinfectant solution
- h. Bath mat

- i. Bathtub mat (non-slip)
 - j. Cleaning cloth
 - k. Resident's personal lotion and bath powder
 - l. Bath blanket
 - m. Shower cap
3. Clean tub/shower with disinfectant.
 4. Adjust temperature of bathroom to 75° to 80° F.
 5. See that bathroom is free from drafts.
 6. Place towel (rubber mat) in tub/shower.
 7. Place bath mat next to tub/shower.
 8. Place one towel on chair outside shower.
 9. Identify and greet resident; identify self.
 10. Explain procedure.
 11. Assist resident to tub/shower room. DO NOT LOCK DOOR.
 12. Offer toileting.
 13. Provide privacy.
 14. Assist resident to chair next to tub/shower.

Tub bath

1. Fill tub 1/3 to 1/2 with 105°F. (40.5°C) water.
 2. Test water with bath thermometer.
 3. Assist resident to undress. Observe body condition.
 4. Cover resident with bath blanket. Adjust mechanical device if applicable. Remove bath blanket.
 5. Assist resident into tub.
- (CAUTION: Protect resident from slipping.)
6. Avoid unnecessary exposure.
 7. Help resident wash self, if needed.

(CAUTION: Never leave in tub more than ten minutes.)

8. Let water out of the tub and help resident to stand. Cover resident with bath towel.
9. Seat resident on chair.

Shower bath

1. Adjust shower to correct temperature.
2. Assist resident to undress.
3. Hand resident washcloth and soap.
4. Advise resident to remain under shower for only a short time.
5. Turn off shower.
6. Cover resident with bath towel.

Ending steps for tub/shower bath

1. Assist with drying.
2. Assist with dressing.
3. Return to bathroom and remove soiled linen.
4. Clean tub with disinfectant; leave bath room in order.
5. Wash your hands.
6. Report to supervisor any unusual observations
7. When you have completed study of the steps of procedure you will practice on each other in the classroom-laboratory or on a resident in the health care facility under the direct supervision of a clinical instructor.

LESSON PLAN: 13

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-13

INTERACTION ITEMS: (Review Items)

1. How full should the bath tub be filled?
2. What is the correct temperature of bath water?
3. Describe the correct action to take if the resident becomes faint while bathing.
4. What is something that should never be taken into the bathroom?
5. What should the temperature be in the bathroom?
6. What safety measures should be taken when giving a tub/shower bath?
7. What should be reported to your supervisor?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Instructor demonstrates tub bath.
2. Students give resident a tub bath.
3. Instructor evaluates students.
4. Instructor shows equipment for shower bath.
5. Instructor demonstrates bath procedure.
6. Students give shower bath to residents with the instructor supervising the procedure.

LESSON PLAN: 13

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-13

EVALUATION ITEMS: NAME OF STUDENT: _____

GIVE OR ASSIST WITH TUB/SHOWER BATH

Equipment:

1. Two bath towels
2. Washcloth
3. Soap in dish
4. Bath thermometer
5. Chair
6. Clean clothing
7. Disinfectant solution
8. Bath mat
9. Bathtub mat (non-slip)
10. Cleaning cloth
11. Resident's personal lotion and bath powder
12. Bath blanket
13. Shower cap

Did the student:	Yes	No
<u>Beginning steps for the tub/shower bath</u>		
1. Wash hands. _____		
2. Assemble equipment. _____		
(NOTE: Take no electrical appliances into bathroom.)		
a. Bath towel (Two bath towels if you do not have a bathtub mat) _____		
b. Washcloth _____		
c. Soap in dish _____		

Did the student:		Yes	No
d.	Bath thermometer _____		
e.	Chair _____		
f.	Clean clothing _____		
g.	Disinfectant solution _____		
h.	Bath mat _____		
i.	Bathtub mat (non-slip) _____		
j.	Cleaning cloth _____		
k.	Resident's personal lotion and bath powder _____		
l.	Bath blanket _____		
m.	Shower cap _____		
3.	Clean tub/shower with disinfectant. _____		
4.	Adjust temperature of bathroom to 75° to 80° F. _____		
5.	See that bathroom is free from drafts. _____		
6.	Place towel (rubber mat) in tub/shower. _____		
7.	Place bath mat next to tub/shower. _____		
8.	Place one towel on chair outside shower. _____		
9.	Identify and greet resident; identify self. _____		
10.	Explain procedure. _____		
11.	Assist resident to bathroom. DO NOT LOCK DOOR. _____		
12.	Offer toileting. _____		
13.	Provide privacy. _____		
14.	Assist resident to chair next to tub/shower. _____		

Did the student:	Yes	No
<u>Tub bath</u>		
1. Fill tub 1/3 to 1/2 with 105°F. (40.5°C) water. _____		
2. Test water with bath thermometer. _____		
3. Assist resident to undress. Observe body condition. _____		
4. Cover resident with bath blanket. Adjust mechanical device if applicable. Remove bath blanket. _____		
5. Assist resident into tub. _____		
(CAUTION: Protect resident from slipping.)		
6. Avoid unnecessary exposure. _____		
7. Help resident wash self, if needed. _____		
(CAUTION: Never leave in tub more than ten minutes.)		
8. Let water out of the tub and help resident to stand. Cover resident with bath towel. _____		
9. Seat resident on chair. _____		
<u>Shower bath</u>		
1. Adjust shower to correct temperature. _____		
2. Assist resident to undress. _____		
3. Hand resident washcloth and soap. _____		
4. Advise resident to remain under shower for only a short time. _____		
5. Turn off shower. _____		
6. Cover resident with bath towel. _____		
<u>Ending steps for tub/shower bath</u>		
1. Assist with drying. _____		
2. Assist with dressing. _____		

Did the student:	Yes	No
3. Return to bathroom and remove soiled linen. _____		
5. Clean tub with disinfectant; leave bathroom in order. _____		
6. Wash hands. _____		
7. Report to supervisor any unusual observations _____		

The student has satisfactorily completed the procedure "GIVE/OR ASSIST WITH TUB/SHOWER BATH" according to the steps outlined.

Yes ____ No ____

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

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LESSON PLAN: 14COURSE TITLE: Basic Paraprofessional TrainingUNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

DEMONSTRATION: III-14

GIVE/ASSIST WITH BED BATH
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Give a complete bed bath according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Bath blanket
2. Laundry bag or hamper
3. Bath basin
4. Soap and soap dish
5. Bath towel and washcloth
6. Gown or pajamas
7. Lotion
8. Equipment for oral hygiene
9. Brush and comb
10. Bedpan or urinal
11. Bed linen
12. Resident's personal lotion, powder, or cosmetics
13. Orange stick
14. HO I: Mitten

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Hospital Research and Educational Trust. Being a Nursing Aide. 2nd ed. Bowie, MD: Robert Brady Co., 1978, pp. 131-137.

Knoedler, Evelyn L. Manual for the Nurse's Aide. Albany, NY: Delmar Publishers, 1968, p. 79-80.

INTRODUCTION:

The bed bath procedure varies according to the condition of the resident. In this lesson, you will learn the general procedure for giving a bed bath. Steps from this procedure may be altered to give a partial bath in which the developmental assistant washes these body parts the resident is unable to reach. Remember it is not necessary to walk around the bed when you give a complete bath.

During the complete bath procedure keep in mind the five purposes of a complete bath: (1) to promote cleanliness and comfort; (2) to stimulate circulation; (3) to relax the resident; (4) to observe the condition of the resident's body; and (5) to establish good resident/developmental assistant relationship.

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LESSON PLAN: 14

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-14

EQUIPMENT, TOOLS, AND MATERIAL

1. Bath blanket
2. Laundry bag or hamper
3. Bath basin
4. Soap and soap dish
5. Bath towel and washcloth
6. Gown or pajamas
7. Lotion
8. Equipment for oral hygiene
9. Brush and comb
10. Bedpan or urinal
11. Bed linen
12. Resident's personal lotion, powder, or cosmetics
13. Orange stick

STEPS OF PROCEDURE:

1. Wash hands.
2. Identify and greet resident; identify self.
3. Explain procedure.
4. Close door and draw curtain to provide privacy.
5. Secure equipment.
6. Arrange supplies and equipment.
7. Offer bedpan or urinal.
8. Arrange linen in order of use.
9. Give oral hygiene.
10. Unless contraindicated, lower back rest.
11. Untuck linen.
12. Remove bedspread and top blanket, fold, and place on chair.
13. Cover top sheet with bath blanket. Ask the resident to hold the bath blanket in place.

40. Remove bath towel.
41. Empty dirty water.
42. Fill basin 2/3 full with clean, warm water.
43. Flex knee farthest away from you.
44. Expose thigh, leg, and foot.
45. Place bath blanket lengthwise under leg.
46. Place basin on towel.
47. Put foot in basin.
48. Wash and rinse leg and foot.
49. Lift foot from basin of water.
50. Remove basin of water.
51. Dry leg and foot. Apply oil or lotion.
52. Observe toenails and skin between toes.
53. Observe for redness and cracking of the skin.
54. Cover leg and foot with bath blanket.
55. Repeat steps 45-54 in this section on leg and foot nearest you.
56. Empty basin and fill with clean, warm water.
57. Instruct the resident to turn on his/her side with his/her back toward you. Assist if necessary.
58. Place bath towel parallel to resident's back.
59. Wash, rinse, and dry back.
60. Give back rub. Special attention should be given to bony areas.
61. Look for and report any reddened areas on the back.
62. Remove the towel.
63. Turn the resident on his/her back.
64. Provide washcloth, soap, and towel and instruct the resident to finish bath by washing the genitalia.

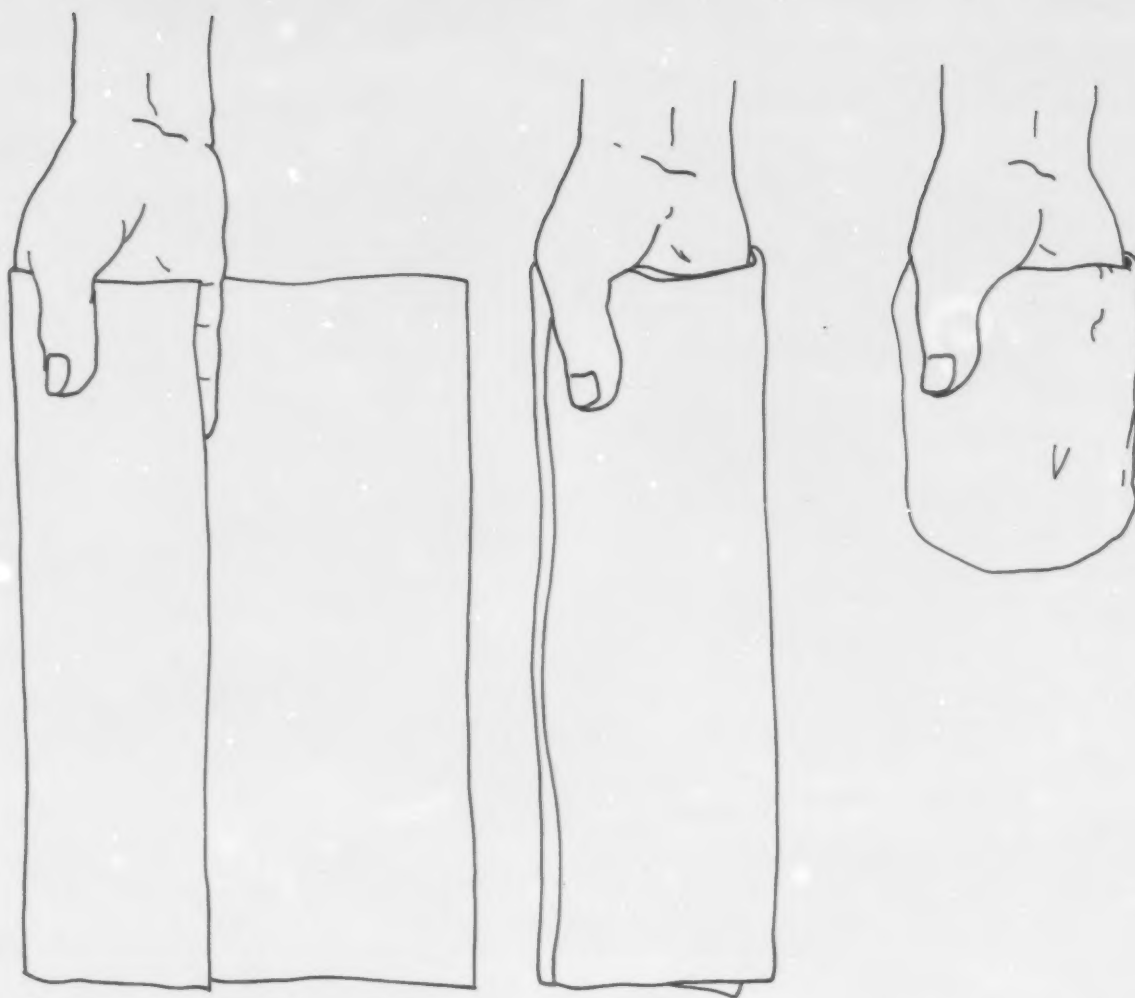
14. Remove top linen. Discard if soiled. Otherwise fold and place on back of chair.
15. Fill wash basin 2/3 full of 105°-115°F. water (40°-46°C.)
16. Remove gown.
17. Move resident to side of bed nearest you.
18. Place towel across resident's chest.
19. Make a mitten of washcloth (HO 1).
20. Ask if resident wants soap used on his/her face.
21. Wet mitten and squeeze excess water from it.
22. Wash each eye from to the nose the outside of the face; use different area of mitten for each eye.
23. Wash face.
24. Rinse and dry face, patting gently.
25. Immerse hand in basin of water and wash.
26. Wash arm and axilla.
27. Remove basin.
28. Dry arm, hand, and axilla.
29. Repeat steps 25-28 in this section on arm nearest you.
30. Clean the resident's fingernails with an orange stick.
31. Place towel across chest.
32. Fold bath blanket to waist.
33. Wash chest and breast under the towel.
34. Observe the condition of the skin under the female breast.
35. Dry chest and breast.
36. Slide bath blanket down to pubic area.
37. Wash abdomen. Be sure to wash umbilicus and any creases in the skin.
38. Dry abdomen.
39. Pull bath blanket up to cover chest.

65. The developmental assistant washes thoroughly and gently the genital area of the resident who is unable to wash his/her own genital area. Use disposable gloves if there is infection present.
66. Put on clean gown, pajamas, or clothes without exposing the resident.
67. Comb hair.
68. Make bed. (See lesson 21 and 22)
69. Straighten bedside table and replace items.
70. Raise back rest to suit resident.
71. Clean equipment and put in proper place.
72. Leave unit clean and in order.
73. Wash hands.
74. Report to the team leader.

Summary and conclusion

1. Ask Interaction Items.
2. Review steps of procedure.
3. When you have completed study of the steps of procedure you will practice on each other in the classroom-laboratory or on a resident in the health care facility under the direct supervision of a clinical instructor.

Mitten



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LESSON PLAN: 14

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-14

INTERACTION ITEMS: (Review Items)

1. How is clean linen arranged?
2. Explain how you prevent exposure during the bath procedure.
3. How full do you fill the wash basin?
4. What is the proper temperature of the bath water?
5. Explain the procedure for washing the resident's arms?
6. Explain the procedure for washing the resident's feet and legs.

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Demonstration by instructor of complete bed bath procedure.
2. Students practice complete bath procedure.
3. Reverse student roles in demonstration of complete bath procedure.

LESSON PLAN: 14

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-14

EVALUATION ITEMS:

NAME OF STUDENT: _____

GIVE/ASSIST WITH BED BATH

Equipment:

1. Bath blanket
2. Laundry bag or hamper
3. Bath basin
4. Soap and soap dish
5. Bath towel and washcloth
6. Gown or pajamas
7. Lotion
8. Equipment for oral hygiene
9. Brush and comb
10. Bedpan or urinal
11. Bed linen
12. Resident's personal lotion, powder, or cosmetics
13. Orange stick

Did the student:

	Yes	No
1. Wash hands. _____		
2. Identify and greet resident; identify self. _____		
3. Explain procedure. _____		
4. Close door and draw curtain to provide privacy. _____		
5. Secure equipment. _____		
6. Arrange supplies and equipment. _____		
7. Offer bedpan or urinal. _____		
8. Arrange linen in order of use. _____		

Did the student:	Yes	No
9. Give oral hygiene. _____		
10. Unless contraindicated, lower back rest. _____		
11. Untuck linen. _____		
12. Remove bedspread and top blanket, fold, and place on chair. _____		
13. Cover top sheet with bath blanket. Ask the resident to hold the bath blanket in place. _____		
14. Remove top linen. Discard if soiled. Otherwise fold and place on back of chair. _____		
15. Fill wash basin 2/3 full of 105°-115°F. water (40°-46°C.) _____		
16. Remove gown. _____		
17. Move resident to side of bed nearest you. _____		
18. Place towel across resident's chest. _____		
19. Make a mitten of washcloth (HO 1). _____		
20. Ask if resident wants soap used on his/her face. _____		
21. Wet mitten and squeeze excess water from it. _____		
22. Wash each eye from the nose the outside of the face; use different area of mitten for each eye. _____		
23. Wash face. _____		
24. Rinse and dry face, patting gently. _____		
25. Immerse hand in basin of water and wash. _____		
26. Wash arm and axilla. _____		
27. Remove basin. _____		
28. Dry arm, hand, and axilla. _____		
29. Repeat steps 25-28 on arm nearest you. _____		

Did the student:	Yes	No
30. Clean the resident's fingernails with an orange stick. _____		
31. Place towel across chest. _____		
32. Fold bath blanket to waist. _____		
33. Wash chest and breast under the towel. _____		
34. Observe the condition of the skin under the female breast. _____		
35. Dry chest and breast. _____		
36. Slide bath blanket down to pubic area. _____		
37. Wash abdomen. Be sure to wash umbilicus and any creases in the skin. _____		
38. Dry abdomen. _____		
39. Pull bath blanket up to cover chest. _____		
40. Remove bath towel. _____		
41. Empty dirty water. _____		
42. Fill basin 2/3 full with clean, warm water. _____		
43. Flex knee farthest away from you. _____		
44. Expose thigh, leg, and foot. _____		
45. Place bath blanket lengthwise under leg. _____		
46. Place basin on towel. _____		
47. Put foot in basin. _____		
48. Wash and rinse leg and foot. _____		
49. Lift foot from basin of water. _____		
50. Remove basin of water. _____		
51. Dry leg and foot. Apply oil or lotion. _____		
52. Observe toenails and skin between toes. _____		

Did the student:	Yes	No
53. Observe for redness and cracking of the skin. _____		
54. Cover leg and foot with bath blanket. _____		
55. Repeat steps 45-54 on leg and foot nearest you. _____		
56. Empty basin and fill with clean, warm water. _____		
57. Instruct the resident to turn on his/her side with his/her back toward you. Assist if necessary. _____		
58. Place bath towel parallel to resident's back. _____		
59. Wash, rinse, and dry back. _____		
60. Give back rub. Special attention should be given to bony areas. _____		
61. Look for and report any reddened areas on the back. _____		
62. Remove the towel. _____		
63. Turn the resident on his/her back. _____		
64. Provide washcloth, soap, and towel and instruct the resident to finish bath by washing the genitalia. _____		
65. The developmental assistant washes thoroughly and gently the genitalia area of the resident who is unable to wash his/her own genitalia area. Use disposable gloves if there is infection present. _____		
66. Put on clean gown, pajamas, or clothes without exposing the resident. _____		
67. Comb hair. _____		
68. Make bed. (See lessons 21 and 22) _____		
69. Straighten bedside table and replace items. _____		
70. Raise back rest to suit resident. _____		
71. Clean equipment and put in proper place. _____		
72. Leave unit clean and in order. _____		

Did the student:	Yes	No
73. Wash hands. _____		
74. Report to the team leader. _____		

The student has satisfactorily completed the procedure "GIVE/ASSIST WITH BED BATH" according to the steps outlined.

Yes ____ No ____

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

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LESSON PLAN: 15

DMH Code 44209

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

DEMONSTRATION LESSON: III-15

GIVE BACK RUB
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Give back rub according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO I: Back Rub Methods
2. Bath towel
3. Lotion
4. Powder
5. Washcloth
6. Basin with water
7. Soap and soap dish

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCE: (Instructor's Additional Information)

Wallace, Bob, ed. North Dakota Health Occupations Curriculum. Bismarck, ND: North Dakota State Board of Vocational Education, 1978, pp. 14-23.

INTRODUCTION:

Back rubs can be soothing and relaxing and are frequently used to help someone who is having difficulty going to sleep. Remember the skin of a dependent person may be easily damaged. Always be gentle in handling the dependent residents. Today you will learn how to give a back rub.

LESSON PLAN: 15

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-15

TOOLS, EQUIPMENT, AND MATERIALS:

Bath towel
Lotion
Powder
Washcloth
Basin with water
Soap and soap dish

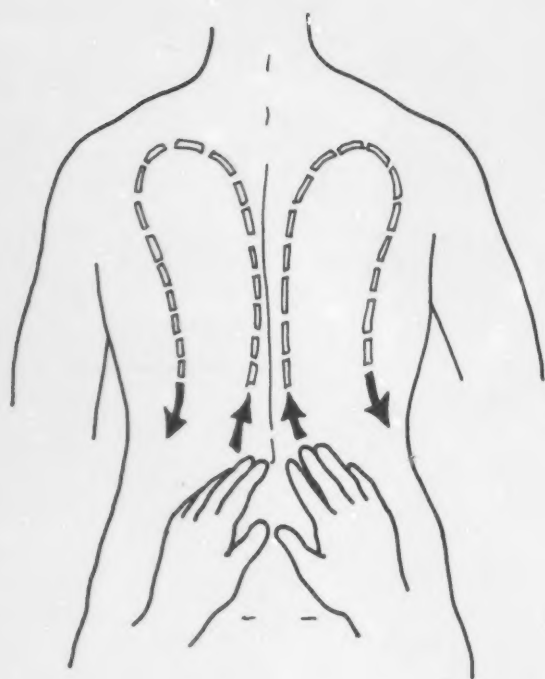
STEPS OF PROCEDURE:

1. Assemble equipment.
2. Explain procedure to resident.
3. Screen resident.
4. Assist or have resident turn on side.
5. Place bath towel close to resident's back to protect bedding.
6. Rub lotion between hands to warm and apply lotion to entire back. Beginning at the lower back, apply up both sides of spinal column to neck, across shoulders, and down to lower back.
7. Give attention to bony prominences.
8. Adjust bed covers and assist resident to comfortable position.
9. Remove, clean, and return equipment to proper place.

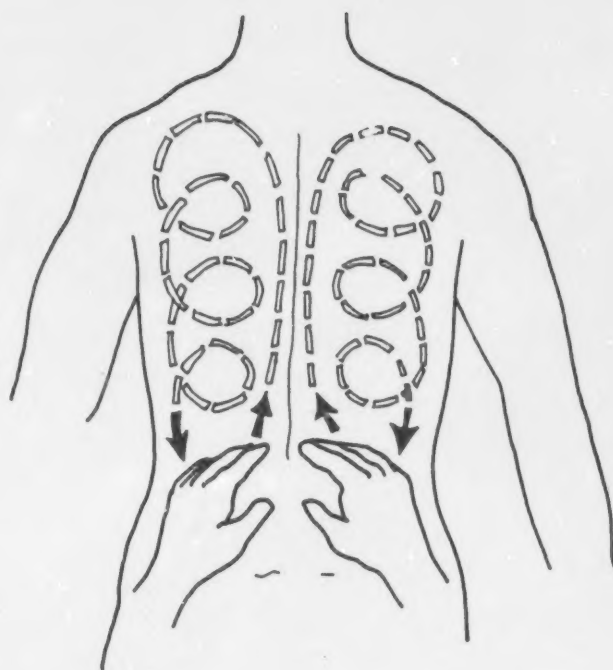
Summary and conclusion

1. Ask Interaction Items 1-2.
2. Review steps of procedure.
3. When you have completed study of the steps of procedure you will practice on each other in the classroom-laboratory or on a resident in the health care facility under the direct supervision of a clinical instructor.

Back Rub Methods



Long Stroke



Circular Stroke

LESSON PLAN: 15

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-15

INTERACTION ITEMS: (Review Items)

1. How do you apply lotion to the entire back?
2. Why do you give special attention to bony prominences?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Instructor demonstrates back rub.
2. Students give each other a back rub.

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LESSON PLAN: 15

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-15

EVALUATION ITEMS: NAME OF STUDENT: _____

GIVE A BACK RUB

Equipment:

1. Bath towel
2. Lotion
3. Powder
4. Washcloth
5. Basin with water
6. Soap and soap dish

Did the student:	Yes	No
1. Assemble equipment. _____		
2. Explain procedure to resident. _____		
3. Screen resident. _____		
4. Assist or have resident turn on side. _____		
5. Place bath towel close to resident's back to protect bedding. _____		
6. Rub lotion between hands to warm and apply lotion to entire back. Beginning at the lower back, apply up both sides of spinal column to neck, across shoulders, and down to lower back. _____		
7. Give attention to bony prominences. _____		
8. Adjust bed covers and assist resident to comfortable position. _____		
9. Remove, clean, and return equipment to proper place. _____		

The student has satisfactorily completed the procedure "GIVE A BACK RUB" according to the steps outlined.

Yes ☐ No ☐

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

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LESSON PLAN: 16

DMH Code 44210

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

DEMONSTRATION LESSON: III-16

GIVE/ASSIST WITH PERINEAL CARE
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

- I. Give perineal care according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Disposable bed protector
2. Bedpan and cover
3. Graduated container
4. Cotton balls

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Hospital Research and Educational Trust. Being a Nursing Aide. 2nd ed. Bowie, MD: Robert Brady Co., 1978, pp. 225-226.

INTRODUCTION:

Perineal care is an important procedure in that it provides cleanliness and comfort for the resident. In addition, perineal care also aids in preventing irritation and infection. This care should always be given before catheter care. In administering this procedure, as in all procedures, you must report anything unusual to the supervisor. Today your lesson will be giving perineal care.

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LESSON PLAN: 16

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-16

TOOLS, EQUIPMENT, AND MATERIAL

Disposable bed protector
Bedpan and cover
Graduated container
Cotton balls

STEPS OF PROCEDURE

1. Wash hands.
2. Gather equipment.
3. Explain procedure to resident.
4. Screen the resident.
5. Cover the resident with a bath blanket.
6. Without exposing the resident, fanfold the top sheets to the foot of the bed.
(NOTE: The resident is covered only with a bath blanket.)
7. Fill the graduated container with warm water at 100° F. (37.7°C) or use the solution provided in your facility.
8. Place the disposable bed protector under the resident's buttocks.
9. Assist the resident to get on the bedpan.
10. Pour the warm water or warm solution over the perineal (genital) area.
11. Dry the resident gently with the cotton balls or wipes according to facility policy.
12. Remove the bedpan and disposable bed protector. Place them at the foot of the bed or on a chair.
13. Cover the resident with the top sheet.
14. Remove the bath blanket.
15. Make the resident comfortable.
16. Empty, rinse, and put the equipment back where it belongs.
17. Discard disposable equipment.

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18. Wash your hands.

Summary and conclusion

1. Ask Interaction Items 1-4.
2. Review steps of procedure.
3. When you have completed study of the steps of procedure you will practice on a resident in the health care facility under the direct supervision of a clinical instructor.

LESSON PLAN: 16

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-16

INTERACTION ITEMS: (Review Items)

1. What is the correct temperature of the water used to give perineal care?
2. With what is the resident's perineal area dried?
3. How do you protect the resident from exposure during the procedure?
4. Into what does the solution flow?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Assign students to practice giving perineal care to Mrs. Chase Mannequin.
2. Class discussion on the importance of providing privacy.

LESSON PLAN: 16

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-16

EVALUATION ITEMS:

NAME OF STUDENT: _____

GIVE/ASSIST WITH PERINEAL CARE

Equipment:

1. Disposable bed protector
2. Bedpan and cover
3. Graduated container
4. Cotton balls

Did the student:	Yes	No
1. Wash hands. _____		
2. Gather equipment. _____		
3. Explain procedure to resident. _____		
4. Screen the resident. _____		
5. Cover the resident with a bath blanket. _____		
6. Without exposing the resident, fanfold the top sheets to the foot of the bed. _____		
(NOTE: The resident is covered only with a bath blanket.) _____		
7. Fill the graduated container with warm water at 100°F (37.7°C) or use the solution provided in your facility. _____		
8. Place the disposable bed protector under the resident's buttocks. _____		
9. Assist the resident to get on the bedpan. _____		
10. Pour the warm water or warm solution over the perineal (genital) area. _____		

Did the student:	Yes	No
11. Dry the resident gently with the cotton balls or wipes according to facility policy. _____		
12. Remove the bedpan and disposable bed protector. Place them at the foot of the bed or on a chair. _____		
13. Cover the resident with the top sheet. _____		
14. Remove the bath blanket. _____		
15. Make the resident comfortable. _____		
16. Empty, rinse, and put the equipment back where it belongs. _____		
17. Discard disposable equipment. _____		
18. Wash your hands. _____		

The student has satisfactorily completed the procedure "GIVE PERINEAL CARE" according to the steps outlined.

Yes ___ No ___

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

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LESSON PLAN: 17

DMH Code 44211

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

DEMONSTRATION LESSON: III-17

GIVE/ASSIST WITH SHAVING
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Shave/assist resident according to steps or procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Good light
2. Mirror
3. Razor (safety or electric)
4. New razor blade
5. Shaving cream
6. Washcloth
7. Basin of hot water
8. Shaving lotion
9. Powder

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Reese, Dorothy Erickson. How to be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1976, pp. 103-104.

INTRODUCTION:

We should provide male residents with an opportunity to shave at least twice a week either by supervising or assisting, unless otherwise indicated.

Females should also be given the opportunity to shave their underarms and legs at least once a week. As some females grow older they also may have facial hair. This is embarrassing to the female residents. Many do shave and should have assistance with shaving.

Although many facilities may have qualified barbers to do this, you may be called upon at some time to assist or shave a resident.

Remember to use the resident's own equipment, soap, and after-shave lotion. Always sanitize electric razor before shaving as necessary according to facility policy and procedure.

LESSON PLAN: 17

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-17

TOOLS, EQUIPMENT, AND MATERIAL

Good light
Mirror
Razor (safety or electric)
New razor blade
Shaving cream
Washcloth
Basin of hot water
Shaving lotion

STEPS OF PROCEDURE

Safety razor method for shaving the face

1. Wet face and apply lather to face and rub into the whiskers to completely soften the beard.
2. Leave lather in place about two minutes.
3. Start stroking downward with razor to shave whiskers.
4. When finished shaving, remove excess lather.
5. Moisten face with warm water. Shave any remaining whiskers, keeping face moist at all times.
6. Apply after-shave lotion.
7. Sanitize razor head.
8. Store equipment.

Safety razor method for shaving underarms

1. Wet underarms and apply lather.
2. Start stroking upward from bottom of the armpit to top being careful not to nick the skin.
3. When finished shaving, remove excess lather with warm water.
4. Thoroughly dry the underarm and apply powder.
5. Sanitize razor head.

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6. Store equipment.

Safety razor method for shaving legs

1. Wet legs and apply lather.
2. Start stroking upward from just above the ankles to just above the knees. Be careful not to nick the skin particularly in the ankle and knee area.
3. When finished shaving, remove excess lather with warm water.
4. Thoroughly dry the legs and apply lotion.
5. Sanitize razor head.
6. Store equipment.

Electric razor method for shaving face, underarms, and/or legs

1. Wash area to be shaved thoroughly with soap and water to remove dirt and oil.
2. Apply preshave lotion to area.
3. Start shaving holding skin tight and using a circular motion.
4. When finished, apply after-shave lotion to the face, powder to the underarms or lotion to the legs.
5. Sanitize razor head.
6. Store equipment.

Summary and conclusion

1. Ask Interaction Items 1-4.
2. Review steps of procedure.
3. When you have completed study of the steps of procedure you will practice on each other in the classroom-laboratory or on a resident in the health care facility under the direct supervision of a clinical instructor.

LESSON PLAN: 17

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-17

INTERACTION ITEMS: (Review Items)

1. How long should the lather be left in place when using the safety razor method for shaving the face?
2. What type of stroking motion is used when shaving the legs with a safety razor?
3. What is the first step when shaving with an electric razor?
4. What type of motion is used when shaving with an electric razor?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Instructor demonstrates shaving procedures.
2. Assign students to shave a resident.

LESSON PLAN: 17

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-17

EVALUATION ITEMS:

NAME OF STUDENT: _____

GIVE/ASSIST WITH SHAVING

Equipment:

1. Good light
2. Mirror
3. Razor (safety or electric)
4. New razor blade
5. Shaving cream
6. Washcloth
7. Basin of hot water
8. Shaving lotion

	Yes	No
<u>Did the students:</u>		
Safety Razor Method		
1. Wet face and apply lather to face and rub into the whiskers to completely soften the beard. _____		
2. Leave lather in place about two minutes. _____		
3. Start stroking downward with razor to shave whiskers. _____		
4. When finished shaving, remove excess lather. _____		
5. Moisten face with warm water. Shave any remaining whiskers, keeping face moist at all times. _____		
6. Apply after-shave lotion. _____		
7. Sanitize razor head. _____		
8. Store equipment. _____		

Did the student:	Yes	No
Safety razor method for shaving underarms		
1. Wet underarms and apply lather. _____		
2. Start stroking upward from bottom of the armpit to top being careful not to nick the skin. _____		
3. When finished shaving, remove excess lather with warm water. _____		
4. Thoroughly dry the underarm and apply powder. _____		
5. Sanitize razor head. _____		
6. Store equipment. _____		
Safety razor method for shaving legs		
1. Wet legs and apply lather. _____		
2. Start stroking upward from just above the ankles to just above the knees. Be careful not to nick the skin particularly in the ankle and knee area. _____		
3. When finished shaving, remove excess lather with warm water. _____		
4. Thoroughly dry the legs and apply lotion. _____		
5. Sanitize razor head. _____		
6. Store equipment. _____		
Electric razor method for shaving face, underarms, and/or legs		
1. Wash area to be shaved thoroughly with soap and water to remove dirt and oil. _____		
2. Apply preshave lotion to area. _____		
3. Start shaving holding skin tight and using a circular motion. _____		
4. When finished, apply after-shave lotion to the face, powder to the underarms or lotion to the legs. _____		
5. Sanitize razor head. _____		
6. Store equipment. _____		

The student has satisfactorily completed the procedure "GIVE/ASSIST WITH SHAVING" according to the steps outlined.

Yes ___ No ___

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

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LESSON PLAN: 18

DMH Code 44212

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

DEMONSTRATION LESSON: III-18

COMB/BRUSH HAIR
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Arrange resident's hair attractively according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Resident's personal comb
2. Resident's personal brush
3. Resident's bath towel

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Reese, Dorothy Erickson. How to be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1976, pp. 89-90.

INTRODUCTION:

It is the duty of the developmental assistant to assist with or to care for the hair of the resident each day. If the residents can comb their own hair, let them do so. Combing the hair is a good exercise for the hand and arm.

There seldom will be a problem with combing the hair of a male resident since his hair is usually short. This lesson will tell you how to care for the hair of a female resident who is unable to care for her own hair. Note that a few drops of water or alcohol will remove tangles. Braiding long hair is a popular style of many women. Always use the resident's own brush and comb.

LESSON PLAN: 18

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-18

TOOLS, EQUIPMENT, AND MATERIALS

Resident's personal comb
Resident's personal brush
Resident's bath towel

STEPS OF PROCEDURE

1. Wash hands.
2. Assemble equipment.
3. Explain procedure.
4. Prepare resident.
 - a. For bed resident, place towel across pillow.
 - b. For sitting resident, place towel around shoulders.
5. Remove hairpins, bobby pins, combs, and glasses if applicable.
6. Brush hair gently using downward strokes.
7. Comb hair doing ends first, working toward scalp.
8. Arrange hair attractively to the resident's satisfaction.
9. Clean and store equipment.
10. Remove towel.
11. Wash hands.

Summary and conclusion

1. Ask Interaction Items 1-5.
2. Review steps or procedure.
3. When you have completed study of the steps of the procedure you will practice on each other in the classroom-laboratory or on a resident in the health care facility under the direct supervision of a clinical instructor.

LESSON PLAN: 18

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-18

INTERACTION ITEMS: (Review Items)

1. When giving hair care, where is the towel placed for a resident in bed?
2. Where is the towel placed for a resident sitting in a chair?
3. How do you brush the hair?
4. How do you comb the hair?
5. Why is it important to use the resident's own brush and comb?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Instructor demonstrates care of the hair.
2. Students arrange each other's hair.

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LESSON PLAN: 18

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-18

EVALUATION ITEMS: NAME OF STUDENT: _____

COMB/BRUSH HAIR

Equipment:

1. Resident's personal comb
2. Resident's personal brush
3. Resident's bath towel

Did the student:		Yes	No
1.	Wash hands. _____		
2.	Assemble equipment. _____		
3.	Explain procedure. _____		
4.	Prepare resident. _____		
	a. For bed resident, place towel across pillow. _____		
	b. For sitting resident, place towel around shoulders. _____		
5.	Remove hairpins, bobby pins, combs, and glasses if applicable. _____		
6.	Brush hair gently using downward strokes. _____		
7.	Comb hair doing ends first, working toward scalp. _____		
8.	Arrange hair attractively to the resident's satisfaction. _____		
9.	Clean and store equipment. _____		
10.	Remove towel. _____		
11.	Wash hands. _____		

The student has satisfactorily completed the procedure "COMB/BRUSH HAIR" according to the steps outlined.

Yes ☐ No ☐

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

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LESSON PLAN: 19

DMH Code 44213

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

DEMONSTRATION LESSON: III-19

GIVE FINGERNAIL, TOENAIL, AND FOOT CARE
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Give fingernail care according to steps of procedure.
2. Give toenail and foot care according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Orange stick
2. Wash basin
3. Water
4. Soap
5. Emery board
6. Towel
7. Washcloth
8. Resident's lotion
9. Videotape on Nailcare (Available from SLDDTC)

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Hanebuth, Lorna S., Ehrhart, Mary K. and Peltzer, John T. Nursing Assistant and the Long-Term Health Care Facility. Scranton, PA: Harper and Row Co., 1979.

INTRODUCTION:

Remember that only a licensed person should cut nails if the resident is diabetic. Therefore, always report to the supervisor if the nails of a diabetic resident need trimming. If the nails and feet are cared for everyday, it is easier to keep them in good condition; and the resident will be much more comfortable. The resident should be encouraged to care for his/her own nails if possible. This lesson is on how to give fingernail, toenail, and foot care.

LESSON PLAN: 19

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-19

TOOLS, EQUIPMENT, AND MATERIALS

Orange stick
Wash basin
Water
Soap
Emery board
Towel
Washcloth
Resident's lotion

STEPS OF PROCEDURE:

1. Assemble equipment.
2. Explain procedure to resident.
3. Bring soap and water to the bedside.
4. Assist or have resident wash hands or feet.
(NOTE: Soak feet in warm water five to ten minutes.)
5. Dry hands or feet.
6. Inspect hands or feet carefully.
7. With orange stick, clean under the nails and around the nailbed.
8. File toenails evenly across the top. Oval shape fingernails. To file, start at the side of the nail and file toward the center.
9. Apply lotion or cream to the resident's hands or feet.
10. Have resident exercise hands or feet.

Summary and conclusion

1. Ask Interaction Items 1-5.
2. Review steps of procedure.
3. When you have completed study of the steps of procedure you will practice on each other in the classroom-laboratory or on a resident in the health care facility under the direct supervision of a clinical instructor.

LESSON PLAN: 19

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-19

INTERACTION ITEMS: (Review Items)

1. What is the proper way to shape fingernails?
2. In what type of water are the feet washed?
3. What do you use to clean under the nailbed and under the nails?
4. How are the toenails shaped?
5. How long are the feet soaked?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Have students give each other fingernail care.
2. Assign students to a resident who needs fingernail care.
3. Divide students into pairs to practice toenail care.
4. Show videotape on nailcare.

LESSON PLAN: 19

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-19

EVALUATION ITEMS: NAME OF STUDENT: _____

GIVE FINGERNAIL, TOENAIL, AND FOOT CARE

Equipment:

1. Orange stick
2. Wash basin
3. Water
4. Soap
5. Emery board
6. Towel
7. Washcloth
8. Resident's lotion

Did the student:	Yes	No
1. Assemble equipment. _____		
2. Explain procedure to resident. _____		
3. Bring soap and water to the bedside. _____		
4. Assist or have resident wash hands or feet. _____		
(NOTE: Soak feet in warm water five to ten minutes.)		
5. Dry hands or feet. _____		
6. Inspect hands or feet carefully. _____		
7. With orange stick, clean under the nails and around the nailbed. _____		
8. File toenails evenly across the top. Oval shape fingernails. To file, start at the side of the nail and file toward the center. _____		

Did the student:	Yes	No
9. Apply lotion or cream to the resident's hands or feet. _____		
10. Have resident exercise hands or feet. _____		

The student has satisfactorily completed the procedure "GIVE FINGERNAIL, TOENAIL, AND FOOT CARE" according to the steps outlined.

Yes ____ No ____

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

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LESSON PLAN: 20

DMH Code 44214

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

DEMONSTRATION LESSON: III-20

DRESS AND UNDRESS THE RESIDENT
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

- I. Assist the resident to dress and undress according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Chair
2. Bath blanket
3. Socks
4. Shoes
5. Dress
6. Slacks
7. Shirt
8. Undergarments
9. Newspaper
10. Gown
11. Pajamas
12. Clothes hanger

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Brentlinger, Clara. Nurse Assistant. Stillwater, OK: Curriculum and Instructional Materials Center for the Division of Health Occupations Education, 1971.

Conahan, Judith. Helping Your Elderly Patients: A Guide for Nursing Assistants. New York: The Tiresias Press Inc., 1976.

Hanebuth, Lorna S., Ehrhart, Mary K. and Peltzer, John T. Nursing Assistnat and the Long-Term Health Care Facility. Philadelphia: Saunders and Co., 1979.

Reese, Dorothy Erickson. How to Be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1976.

INTRODUCTION:

An essential part of good grooming is wearing appropriate clothing. The resident, because of illness or inability, may not be able to dress him/herself. You as a developmental assistant will then be responsible for doing so. Remember that we would like the residents to be well groomed so you may have to supervise their grooming. If the resident can, s/he should be encouraged to do as much as possible for him/herself. This lesson will show you how to undress and dress a resident.

LESSON PLAN: 20

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-20

TOOLS, MATERIALS, AND EQUIPMENT:

Chair
Bath blanket
Socks
Shoes
Dress
Slacks
Shirt
Undergarments
Newspaper
Gown
Pajamas
Clothes hanger

STEPS OF PROCEDURE:

1. Assemble clothing and place on a chair.
2. Screen the resident.
3. Cover the resident with the bath blanket as top covers are fanfolded to the foot of bed.
4. Remove the resident's gown or pajamas.
5. Powder skin over hips before putting on undergarments.

Dressing resident

1. Brassiere
 - a. Place around resident's chest so fasteners are in front.
 - b. Shift the brassiere around, after fastening, so that fasteners are in back.
 - c. Instruct resident to slip arms through the shoulder straps.

(NOTE: If the resident does not have full range of motion in the shoulders, a brassiere which fastens in the front should be used.)
2. Slip, dress, or shirt (wrap around or button-up garments are preferred if the resident's arms are handicapped.)
 - a. Assist/have resident put garment over head with least handicapped arm.

- b. Always put weaker arm in sleeve first.
 - c. Put slip or dress over feet if both arms are weak.
- 3. Undershirt
 - a. Assist/have resident put head into undershirt first.
 - b. Assist/have resident put arms into undershirt next.
 - c. Assist/have resident pull undershirt down.
- 4. Slacks or pants
 - a. Assist/have resident put slacks or pants on affected leg first.
 - b. Put slacks or pants on unaffected leg last.
 - c. Fly is pinned shut if resident has catheter.
- 5. Stockings or socks and shoes
 - a. Assist/have resident put on stockings or socks.
 - b. Place shoes on floor.
 - c. Instruct resident to slip feet into shoes.
 - d. Use long shoe horn if necessary.

Undressing the resident

- 1. Screen the resident.
- 2. Help the resident from the chair to the bed.
- 3. Have resident sit on side of bed.
- 4. Assist/have resident remove shoes and stockings.

(NOTE: A newspaper may be placed across the foot of the bed and the resident can lie down with his/her feet on the newspaper.)
- 5. Assist/have resident remove outer garment.
- 6. Assist/have resident remove underclothes.
- 7. Assist/have resident put on gown/pajamas.
- 8. Assist resident to bed.
- 9. Raise the head of the bed if the resident so desires.
- 10. Hang up clothing.

Summary and conclusion

1. Ask Interaction Items 1-5.
2. Review steps of procedure.
3. When you have completed study of the steps of procedure you will practice on each other in the classroom-laboratory or on a resident in the health care facility under the direct supervision of a clinical instructor.

LESSON PLAN: 20

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-20

INTERACTION ITEMS: (Review Items)

1. What should be used on hips before putting on undergarments?
2. Which way should the brassiere be placed on a female resident?
3. Which arm should be placed in garments first if the resident has an affected side?
4. What should always be done after the resident has been undressed and put to bed?



CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Assign student to dress and/or undress a resident.

LESSON PLAN: 20

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-20

EVALUATION ITEMS: NAME OF STUDENT: _____

DRESS AND UNDRESS THE RESIDENT

Equipment:

1. Chair
2. Bath blanket
3. Socks
4. Shoes
5. Dress
6. Slacks
7. Shirt
8. Undergarments
9. Newspaper
10. Gown
11. Pajamas
12. Clothes hanger

Did the student:	Yes	No
1. Assemble clothing and place on a chair. _____		
2. Screen the resident. _____		
3. Cover the resident with the bath blanket as top covers are fanfolded to the foot of bed. _____		
4. Remove the resident's gown or pajamas. _____		
5. Powder skin over hips before putting on undergarments. _____		
Dressing resident		
1. Brassiere		
a. Place around resident's chest so fasteners are in front. _____		

Did the student:		Yes	No
b.	Shift the brassiere around, after fastening so that fasteners are in back. _____		
	c. Instruct resident to slip arms through the shoulder straps. _____		
	(NOTE: If the resident does not have full range of motion in the shoulders, a brassiere which fastens in the front should be used.) _____		
2.	Slip, dress, or shirt (wrap around or button-up garments are preferred if the resident's arms are handicapped.) _____		
a.	Assist/have resident put garment over head with least handicapped arm. _____		
	b. Always put weaker arm in sleeve first. _____		
	c. Put slip or dress over feet if both arms are weak. _____		
3.	Undershirt		
a.	Assist/have resident put head into undershirt first. _____		
	b. Assist/have resident put arms into undershirt next. _____		
	c. Assist/have resident pull undershirt down. _____		
4.	Slacks or pants		
a.	Assist/have resident put slacks or pants on affected leg first. _____		
	b. Put slacks or pants on unaffected leg last. _____		
	c. Fly is pinned shut if resident has catheter. _____		
5.	Stockings or socks and shoes		
a.	Assist/have resident put on stockings or socks. _____		
	b. Place shoes on floor. _____		
	c. Instruct resident to slip feet into shoes. _____		
	d. Use long shoe horn if necessary. _____		

Did the student:	Yes	No
Undressing the resident		
1. Screen the resident. _____		
2. Help the resident from the chair to the bed. _____		
3. Have resident sit on side of bed. _____		
4. Assist/have resident remove shoes and stockings. _____		
(NOTE: A newspaper may be placed across the foot of the bed and the patient can lie down with his/her feet on the newspaper.) _____		
5. Assist/have resident remove outer garment. _____		
6. Assist/have resident remove underclothes. _____		
7. Assist/have resident put on gown/pajamas. _____		
8. Assist resident to bed. _____		
9. Raise the head of the bed if the resident so desires. _____		
10. Hang up clothing. _____		

The student has satisfactorily completed the procedure "DRESS AND UNDESS THE RESIDENT" according to the steps outlined.

Yes ____ No ____

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

LESSON PLAN: 21

DMH Code 44215

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

DEMONSTRATION LESSON: III-21

MAKE AN UNOCCUPIED BED
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Make an unoccupied bed according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Pillowcase (bottom of pile)
2. Pillow cover (optional)
3. Bedspread
4. Blanket
5. Top sheet
6. Cotton draw sheet (optional)
7. Bottom sheet
8. Mattress pad or cover (top of pile)

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Health Occupations Education Nursing I. Stillwater, OK: Curriculum and Instructional Materials Center. pp. N-1-53B-58B.

Knoedler, Evelyn L. Manual for the Nurse's Aide. Albany, NY: Delmar Publishers, 1968, pp. 38-39.

Reese, Dorothy Erickson. How to be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1976, pp. 11-17.

Wallace, Bob, ed. North Dakota Health Occupations Curriculum. Bismarck, ND: North Dakota State Board for Vocational Education, 1978, pp. 14-23.

INTRODUCTION:

It is the responsibility of the developmental assistant to assure a comfortable, clean bed for the resident. A bed should be changed or straightened whenever necessary. In this lesson you will learn how to make an unoccupied bed. Procedure may vary in the facilities, depending on the type of linen used.

LESSON PLAN: 21

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-21

TOOLS, EQUIPMENT, AND MATERIALS

1. Pillowcase (bottom of pile)
2. Pillow cover (optional)
3. Bedspread
4. Blanket
5. Top sheet
6. Cotton draw sheet (optional)
7. Bottom sheet
8. Mattress pad or cover (top of pile)

STEPS OF PROCEDURE:

1. Wash hands.
2. Gather and arrange linen.
3. Raise bed to high position; lower bed rails.
4. Remove pillow; strip slip; place pillow near linen pile.
5. Strip bed.
6. Place soiled linen in appropriate receptacle.
7. Move mattress to head of bed.
8. Place mattress pad on bed and pull smooth.
9. Unfold bottom sheet on bed, full length, with bottom hem at edge of mattress.
10. Pull sheet smooth on near side and unfold sheet.
11. Tuck in side of bottom sheet and miter corner.
12. Tuck in head end of bottom sheet - working from head toward foot.
13. Holding cotton drawsheet in half, place on middle 1/3 of mattress; tuck in near side only.
14. Place topsheet, halved, full length of bed, with hem at edge of head end of mattress.
15. Unfold middle fold, dropping sheet half on opposite side of bed.
16. Tuck under foot end of mattress on near side only.

17. Repeat steps 14-16 with blanket but place blanket 8-10 inches from head edge of mattress.
18. Repeat steps 14-16 with spread.
19. Fold top 10-12 inches of spread under blanket.
20. Fold top sheet over blanket.
21. Miter corners of sheet, blanket and spread together on near side. Allow side to hang free.
22. Place pillow on side of bed and unfold cover on top lengthwise.
23. Gather open end of cover in one hand, full length, and grasp pillow edge with same hand.
24. With free hand, fit pillow corners into cover.
25. Pull cover over length of pillow.
26. Repeat steps 22-25 with pillowcase.
27. Place pillow on near half of bed with open end of case away from the doorway; walk to far side of bed.
28. Fold back, on bed, each piece of linen.
29. Pull mattress pad smooth and tuck under mattress from head to foot.
30. Pull bottom sheet tight; tuck under head of mattress; miter corner; tuck in remainder of sheet from head to foot.
31. Tighten cotton drawsheets; tuck in middle first, then top 1/3, and finally bottom 1/3.
32. Pull top sheet straight and tuck under foot end of mattress.
33. Repeat step 32 with blanket.
34. Repeat step 32 with spread.
35. Miter corner with top sheet, blanket, and spread together.
36. Finish top fold and place pillow at center head of bed.
37. Lower bed.
38. Recess bed cranks.
39. Raise bed rail on opposite side of entry.

Summary and conclusion

1. Ask Interaction Items 1 and 2.
2. Review steps of procedure.
3. In this lesson you have learned how to make a clean, wrinkle-free bed. There is no way to overemphasize the importance of the comfort of this bed.
4. When you have completed study of the steps of procedure you will practice in the classroom-laboratory or in the health care facility under the direct supervision of a clinical instructor.

LESSON PLAN: 21

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-21

INTERACTION ITEMS: (Review Items)

1. Why is it important to remove soiled linen without shaking or bringing in contact with the developmental assistant's face or clothing.
2. How often do you change the bed linen of the incontinent resident?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITY:

1. Have students practice making an unoccupied bed with and without a footboard.

LESSON PLAN: 21

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-21

EVALUATION ITEMS:

NAME OF STUDENT: _____

MAKE AN UNOCCUPIED BED

Equipment:

1. Pillowcase (bottom of pile)
2. Pillow cover (optional)
3. Bedspread
4. Blanket
5. Top sheet
6. Cotton draw sheet (optional)
7. Bottom sheet
8. Mattress pad or cover (top of pile)

Yes

No

Did the student:

1. Wash hands.
2. Gather and arrange linen.
3. Raise bed to high position; lower bed rails.
4. Remove pillow; strip slip; place pillow near linen pile.
5. Strip bed.
6. Place soiled linen in appropriate receptacle.
7. Move mattress to head of bed.
8. Place mattress pad on bed and pull smooth.
9. Unfold bottom sheet on bed, full length, with bottom hem at edge of mattress.
10. Pull sheet smooth on near side and unfold sheet.
11. Tuck in head end of bottom sheet and miter corner.

Did the student:		Yes	No
12.	Tuck in side of bottom sheet - working from head toward foot. _____		
13.	Holding cotton drawsheet in half, place on middle 1/3 of mattress. _____		
14.	Place topsheet, halved, full length of bed, with hem at edge of head end of mattress; tuck in near side only. _____		
15.	Unfold middle fold, dropping sheet half on opposite side of bed. _____		
16.	Tuck under foot end of mattress on near side only. _____		
17.	Repeat steps 14-16 with blanket but place blanket 8-10 inches from head edge of mattress. _____		
18.	Repeat steps 14-16 with spread. _____		
19.	Fold top 10-12 inches of spread under blanket. _____		
20.	Fold top sheet over blanket. _____		
21.	Miter corners of sheet, blanket and spread together on near side. Allow side to hang free. _____		
22.	Place pillow on side of bed and unfold cover on top lengthwise. _____		
23.	Gather open end of cover in one hand, full length, and grasp pillow edge with same hand. _____		
24.	With free hand, fit pillow corners into cover. _____		
25.	Pull cover over length of pillow. _____		
26.	Repeat steps 22-25 with pillowcase. _____		
27.	Place pillow on near half of bed with open end of case away from the doorway; walk to far side of bed. _____		
28.	Fold back, on bed, each piece of linen. _____		
29.	Pull mattress pad smooth and tuck under mattress from head to foot. _____		
30.	Pull bottom sheet tight; tuck under head of mattress; miter corner; tuck in remainder of sheet from head to foot. _____		

Did the student:	Yes	No
31. Tighten cotton drawsheet; tuck in middle first, then top 1/3, and finally bottom 1/3. _____		
32. Pull top sheet straight and tuck under foot end of mattress. _____		
33. Repeat step 32 with blanket. _____		
34. Repeat step 32 with spread. _____		
35. Miter corner with top sheet, blanket, and spread together. _____		
36. Finish top fold and place pillow at center head of bed. _____		
37. Lower bed. _____		
38. Recess bed cranks. _____		
39. Raise bed rail on opposite side of entry. _____		

The student has satisfactorily completed the procedure "MAKING AN UNOCCUPIED BED" according to the steps outlined.

Yes ____ No ____

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

LESSON PLAN: 22

DMH Code 44215

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

DEMONSTRATION LESSON: III-22

MAKE AN OCCUPIED BED
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Make an occupied bed according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Pillowcase (bottom of pile)
2. Pillow cover (optional)
3. Bedspread
4. Blanket
5. Top sheet
6. Cotton draw sheet (optional)
7. Bottom sheet
8. Mattress pad or cover (top of pile)

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Knoedler, Evelyn L. Manual for the Nurse's Aide. Albany, NY: Delmar Publishers, 1968, pp. 38-39.

Reese, Dorothy Erickson. How to be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1976, pp. 11-18.

INTRODUCTION:

An occupied bed is a bed with a resident in it. Making an occupied bed is part of the complete or partial bed bath. Steps 1-9 are done before giving a complete or partial bath. If footboards or cradles are on the bed, always place top linen over these devices before tucking in linen at the foot of the bed. These devices protect toes and feet from pressure.

LESSON PLAN: 22

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-22

TOOLS, EQUIPMENT, AND MATERIALS:

Pillowcase (bottom of pile)
Pillow cover (optional)
Bedspread
Blanket
Top sheet
Cotton draw sheet (optional)
Bottom sheet
Mattress pad or cover (top of pile)

STEPS OF PROCEDURE:

1. Assemble linen in order of use.
2. Identify and greet resident; identify self.
3. Explain procedure to resident.
4. Put linen on chair in order of use.
5. Screen resident.
6. Lower back and knee rest until bed is flat, if allowable.
7. Loosen the top of bedding at foot of bed.
8. Remove spread: fold spread to foot of bed; remove by grasping center; place on back of chair.
9. Remove blanket according to above procedure.
10. Place bath blanket over top sheet. Remove top sheet and place in appropriate receptacle.
11. Raise bed rail on side to which resident is to be turned.
12. Keep pillow under resident's head.
13. Turn resident to side.
14. Loosen bottom bedding.
15. Free bottom linen and roll each piece separately close to the resident's back.
16. Place mattress pad lengthwise with top and bottom borders even with mattress edges.

17. Fanfold to resident's back.
18. Place bottom sheet lengthwise until lower edge of sheet is even with foot of mattress.
19. Tuck sheet under head of mattress, miter corners; tuck well under side of mattress.
20. Fanfold surplus sheet close to resident's back.
21. Center draw sheet; fanfold one half to resident's back; tuck other end under mattress.
22. Raise bed rail.
23. Assist resident to turn and move to clean side of bed.
24. Move and keep pillow under resident's head.
25. Go to opposite side of bed; lower bed rail.
26. Pull through all bottom linen.
27. Remove and discard soiled linen in appropriate receptacle.
28. Have resident lie flat in bed while you pull and straighten mattress pad.
29. Pull fresh bottom sheet toward the edge of bed. Tuck it under the mattress at the head of the bed and make a mitered corner.
30. Pull the sheet toward foot of bed and tuck under mattress at side.
31. Pull draw sheet; tighten; and tuck under the mattress.
32. Assist resident to center of bed.
33. Lower side rails.
34. Place top sheet over blanket.
35. Ask resident to hold top sheet while bath blanket is withdrawn.
36. If blanket is used, place over top sheet (6 inches from top of bed).
37. Place spread over blanket even with top sheet.
38. Fold top sheet over spread.
39. Make tuck in top linen at foot.
40. Tuck sheet, blanket, and spread at foot of bed (over footboard/cradle) under mattress and miter corners.

41. Change pillowcase and place under patient's head.
42. Raise side rails.

Summary and conclusion

1. Ask Interaction Items 1-3.
2. Review steps of procedure.
3. When you have completed study of the steps of procedure you will practice on each other in the classroom-laboratory or on a resident in the health care facility under the direct supervision of a clinical instructor.

LESSON PLAN: 22

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-22

INTERACTION ITEMS: (Review Items)

1. Why is linen stacked in order of use?
2. Why is it important to have a resident lie flat in bed when you are making the bottom of the bed?
3. If a footboard is used, how would you place the top sheet, blanket, and spread?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITY:

1. Have students practice making an occupied bed.

LESSON PLAN: 22

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-22

EVALUATION ITEMS:

NAME OF STUDENT: _____

MAKE AN OCCUPIED BED

Equipment:

1. Pillowcase (bottom of pile)
2. Pillow cover (optional)
3. Bedspread
4. Blanket
5. Top sheet
6. Cotton draw sheet (optional)
7. Bottom sheet
8. Mattress pad or cover (top of pile)

Did the student:	Yes	No
1. Assemble linen in order of use. _____		
2. Identify and greet resident; identify self. _____		
3. Explain procedure to resident. _____		
4. Put linen on chair in order of use. _____		
5. Screen resident. _____		
6. Lower back and knee rest until bed is flat, if allowable. _____		
7. Loosen the top of bedding at foot of bed. _____		
8. Remove spread: fold spread to foot of bed; remove by grasping center; place on back of chair. _____		
9. Remove blanket according to above procedure. _____		
10. Place bath blanket over top sheet. Remove top sheet and place in appropriate receptacle. _____		

Did the student:	Yes	No
11. Raise bed rail on side to which resident is to be turned. _____		
12. Keep pillow under resident's head. _____		
13. Turn resident to side. _____		
14. Loosen bottom bedding. _____		
15. Free bottom linen and roll each piece separately close to the resident's back. _____		
16. Place mattress pad lengthwise with top and bottom border even with mattress edges. _____		
17. Fanfold to resident's back. _____		
18. Place bottom sheet lengthwise until lower edge of sheet is even with foot of mattress. _____		
19. Tuck sheet under head of mattress, miter corners; tuck well under side of mattress. _____		
20. Fanfold surplus sheet close to resident's back. _____		
21. Center draw sheet; fanfold one half to resident's back; tuck other end under mattress. _____		
22. Raise bed rail. _____		
23. Assist resident to turn and move to clean side of bed. _____		
24. Move and keep pillow under resident's head. _____		
25. Go to opposite side of bed; lower bed rail. _____		
26. Pull through all bottom linen. _____		
27. Remove and discard soiled linen in appropriate receptacle. _____		
28. Have resident lie flat in bed while you pull and straighten mattress pad. _____		
29. Pull fresh bottom sheet toward the edge of bed. Tuck it under the mattress at the head of the bed and make a mitered corner. _____		
30. Pull the sheet toward foot of bed and tuck under mattress at side. _____		

Did the student:	Yes	No
31. Pull draw sheet; tighten; and tuck under the mattress. _____		
32. Assist resident to center of bed. _____		
33. Lower side rails. _____		
34. Place top sheet over blanket. _____		
35. Ask resident to hold top sheet while bath blanket is withdrawn. _____		
36. If blanket is used, place over top sheet (6 inches from top of bed). _____		
37. Place spread over blanket even with top sheet. _____		
38. Fold top sheet over spread. _____		
39. Make tuck in top linen at foot. _____		
40. Tuck sheet, blanket, and spread at foot of bed (over footboard/cradle) under mattress and miter corners. _____		
41. Change pillowcase and place under patient's head. _____		
42. Raise side rails. _____		

The student has satisfactorily completed the procedure "MAKE AN OCCUPIED BED" according to the steps outlined.

Yes ____ No ____

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

LESSON PLAN: 23COURSE TITLE: Basic Paraprofessional TrainingUNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

INFORMATION TOPIC: III-23

NUTRITION
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. List the four food groups.
2. Describe the well-balanced diet.
3. Describe the four basic diets.
4. Identify the special diets.
5. Name one alternate method for supplying nutrition.
6. Discuss the importance of fluids.
7. Define force fluids.
8. List three strategies for forcing fluids.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Basic Four Food Charts
2. Film: "Human Body: The Nutrition and Metabolism" (Missouri Division of Health)
3. Film: "Food, Energy, and You" (Dairy Council, 1700 North Sooner Road, Oklahoma City, OK, 73111)
4. Film: "Food, the color of Life" (Dairy Council)
5. Film: "What's Good to Eat" (Dairy Council)
6. Film: "The Basic Four" (Tupperware series)
7. HO 1: General Nutrition
8. HO 2: Normal Diet
9. HO 3: Diet for Children and Adolescents

INFORMATIONAL ASSIGNMENTS: (Student)

REFERENCES: (Instructor's Additional Information)

Conahan, Judith. Helping Your Elderly Patients: A Guide for Nursing Assistants. New York: The Tiresias Press Inc., 1976, p. 27.

Hospital Research and Educational Trust. Being a Nursing Aide. 2nd ed. Bowie, MD: Robert Brady Co., 1978, pp. 1-26.

Lewis, Lu Verne Wolff. Fundamental Skills in Patient Care. Philadelphia: J. B. Lippincott Co., 1976, pp. 192-211.

Missouri Dietetic Association and Missouri Division of Health. Missouri Diet Manual. 5th ed. 1981, pp. 1-19.

Saxon, Sue, and Mary Jean Etten. Physical Change and Aging. New York: The Tiresias Press Inc., 1978, pp. 136-142.

Stevens, Marion Keith. Geriatric Nursing for Practical Nurses. 2nd ed. Philadelphia: W. B. Saunders Co., 1975, pp. 74-90.

INTRODUCTION:

Food is very important to all of us. We are what we eat! The whole process of taking in food and producing energy from it is called nutrition. It is important that we understand the essentials of nutrition in order to provide our residents with the best possible care. In this lesson we will discuss nutrients and their purpose, the basic four food groups, and the most common diets seen. Fluids will also be discussed.

LESSON PLAN: 23

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-23

OUTLINE: (Key Points)

I. Basic Four Food Groups

- A. Meat, poultry, and fish
- B. Milk, milk products, eggs, and cheese
- C. Cereals and cereal products
- D. Fruits and vegetables

II. Well-balanced diet

- A. Food from each group
- B. Variety
- C. Adequate amount to give required calories

III. Four basic diets

A. Clear liquid - surgical liquid

- 1. Minimal residue
- 2. Consists mainly of dissolved sugar and flavored fluids
- 3. No milk
- 4. Not nutritionally adequate so should be short-term

B. Full liquid

- 1. Strained semiliquid food
- 2. Any liquids

C. Soft (mechanical)

- 1. Same as regular but chopped, strained, or pureed
- 2. Easily digested and chewed

3. Contains little fiber

D. General or regular

1. Contains all items in four food groups
2. No restrictions

IV. Special diets

A. Restricted calories

1. Calories specially calculated and restricted
2. Diet is calculated to provide a balance of carbohydrates, proteins, and fats.
3. In diabetes, food intake matched with insulin and nutritional requirements.

B. Bland

1. No highly seasoned foods
2. Eliminates certain foods such as fried, high residue, and gas-forming foods
3. Easy to digest

C. Restricted sodium

1. No salt on tray
2. Limited amount of foods containing sodium

D. Low fat

1. Reduces the total intake of fat regardless of the type of fat
2. Fat and meat servings are carefully measured.
3. May be used for weight control and/or GI disorders.

E. Low residue

1. Low in bulk
2. No foods difficult to digest

F. Low cholesterol

1. Lowers the cholesterol level in the blood
2. Primarily used with people who suffer from cardiovascular disease

3. Primarily saturated fat intake is reduced.

V. Alternate methods for supplying nutrition

A. Liquid diets

1. Ensure
2. Sustagen

B. IV therapy

C. Tube feeding

VI. Fluids

A. Importance

1. Essential to life
2. 60% of body weight is fluid.
3. Vital to all body functions
4. Electrolyte balance
5. Illness may upset water balance.

B. Force fluids

1. Resident is encouraged to drink more than usual amount of fluid.
2. Some residents need fluids forced for a variety of reasons.

C. Strategies for forcing

1. Keep fluids in reach.
2. Offer small amounts frequently.
3. Offer a variety of fluids.
4. Encourage foods with high fluid content.
5. Offer favorite beverages.
6. Fluids offered at frequent intervals when resident unable to obtain fluids by him/herself
7. Set goal to reach for 24 hours to be divided into 8 hour shifts.
8. Involve the resident in keeping the record as much as possible.

VII. Summary and conclusion

- A. Basic four food groups
- B. Well-balanced diet
- C. Four basic diets
- D. Special diets
- E. Alternate methods for supplying nutrition
- F. Fluids

Nutrition is very important. We must have a certain number of calories daily to give us energy to work and play. We get different things that are necessary for our body to work from the nutrients in food. Each one of the seven nutrients has a purpose. Having food from the basic four food groups is also important in nutrition. This assures us of a well-balanced diet. We have mentioned four basic diets and six special diets. We have also given some substitutes for diet. Fluids are also extremely important and the developmental assistant must know what forcing fluids is and how to do so. This lesson is an introduction so you can understand the importance of food before learning how to serve it.

GENERAL NUTRITION

(The information in this handout was taken from Missouri Diet Manual. 4th ed. Missouri Dietetic Association and Missouri Division of Health, 1976.)

The body depends on food for energy, growth, repair of tissue and the maintenance and regulation of many functions such as immunity to disease and elimination of waste. Each nutrient furnished by food has a specific contribution to good health. The use of any one nutrient by the body is dependent on a proper balance of all the other nutrients to accomplish its purpose. The more variety there is in the choice of food the better the diet is likely to be.

Carbohydrate (sugar and starch) is the least expensive source of energy (calories). All plants contain carbohydrate. The caloric content is directly related to the amount of water and fiber in the plant. Tomatoes are lower in calories but higher in water; bananas are higher in calories but lower in fiber and water.

The most concentrated source of calories is fat. All animal foods contain some fat, even those that are especially processed to eliminate visible fat. An example is the skimming of cream from milk. Invisible fat, such as marbling in meat or the fat in egg yolk, is impossible to eliminate. Fat may be extracted from grains and seeds, but in their natural state most plants are relatively low in fat.

Protein furnishes calories also, but the amino acids that make up protein are the "building blocks" that make muscles, repair tissues, build blood and help make antibodies that combat infection. The best sources of protein are animal products: eggs, milk, meat, fish, and poultry. Grains and legumes also furnish protein but not as much nor in as complete a form.

Vitamins have many specific functions but in general are important for the proper breakdown and use of nutrients. Minerals regulate many body processes. Sodium, for example, helps regulate the accumulation of water in the body. Calcium, in addition to building bones and teeth, assists in the clotting of blood. Both minerals and vitamins are present in all foods, but no single food will contain all of them. The food groups and amounts used in the basic dietary pattern were selected because of the contribution that each food group makes toward the daily recommended amount of all minerals and vitamins. The elimination of one food group might appreciably reduce the intake of one or more minerals and vitamins. Vitamin supplements, if needed, should be prescribed by the physician.

There is no food value in water or in fiber, but both are helpful for the elimination of waste materials from the body. Water is vital to life and has a part in all body processes.

The manner in which the foods are prepared and served contributes to good general nutrition. The enjoyment and total intake of food are influenced by variety in texture, color, flavor and taste, subtle seasoning, proper temperature, and efficient and cheerful service.

SIZE OF SERVINGS

Unless otherwise indicated, the average servings listed in the manual are:

Meat, Fish, and Poultry	2 to 3 ounces, cooked weight without bone or fat
Potato and potato substitute	
Vegetable	
Fruit and fruit juice	1/2 cup or 1 medium size fruit or vegetable
Dessert	
Bread	1 slice
Cereal	1/2 cup cooked or 3/4 cup ready-to-eat
Butter or fortified margarine	1 teaspoon

The use of the following is recommended:

Iodized salt.

Pasteurized Grade A milk. (Whole milk fortified with vitamin D, low fat (2%) milk fortified with vitamins A and D, skim milk fortified with vitamins A and D)

Whole grain or enriched breads and cereals.

Commercial "Salmonella-negative as possible" egg mixture or eggs and milk cooked to a soft custard at 140°F - 146°F for four minutes should be used for eggnogs.

BASIC FOOD GROUPS

The four food groups provide a pattern to use as a guide when planning menus. The minimum number of servings specified from each group, if well chosen, forms the foundation of a nutritionally adequate diet. You will need to use additional servings from these groups along with other foods if caloric need is greater.

Milk and equivalents

Whole, 2%, skim, buttermilk, or equivalent: Adults 2 cups daily; children 3-4 cups daily; pregnant women 4 cups daily; nursing women 1 1/2 quarts daily.

1/2 cup milk is equivalent to 1-inch cube American or cheddar cheese; 1/3 cup milk is equivalent to 1/2 cup cottage cheese; 1/4 cup milk is equivalent to 1/2 cup ice cream.

Milk may be used as a beverage or in cooking, such as custards, puddings, and cream soups. Milk is our best source of calcium and is an important source of riboflavin, vitamins A and D and high quality protein. Milk also provides carbohydrate, fat, and other nutrients and vitamins.

Meat and other protein equivalents

Meat, poultry, fish, or protein equivalents: 6 or more ounces per day.

1 ounce is equivalent to 1 ounce of cooked, edible (no bone) lean beef, veal, lamb, pork, poultry, fish, or shell fish; 1 frankfurter; 2 ounces luncheon meat; 1 ounce processed cheese; 1/4 cup cottage cheese; 1 egg; 1/2 cup cooked dried beans; 2 tablespoons peanut butter.

Meat, fish, poultry, cheese, and eggs provide high quality protein. This group also supplies considerable amounts of fat, iron, thiamin, riboflavin, and niacin.

Vegetables and fruits

Dark-green or deep-yellow vegetables or fruits or equivalent source of vitamin A: 4 or more servings per week.

1 serving is equivalent to 1/2 cup apricots; 1/4 medium cantaloupe; 1/2 cup pumpkin; 1/2 cup broccoli, carrots, chard, collards, kale, spinach, sweet potatoes, turnip greens, mustard greens, or winter squash.

Citrus fruit or equivalent source of vitamin C: 1 or more servings per day.

1 serving is equivalent to 1/2 grapefruit; 1 medium orange; 1/2 cup strawberries; 1/2 cup orange or grapefruit juice; 1/2 cup broccoli, Brussels sprouts, collards, or mustard greens.

1/2 serving is equivalent to 1/4 cantaloupe; 1/8 honeydew; 1 tangerine or 1/2 cup tangerine juice; 1/2 cup tomato juice or cooked tomatoes; 1 medium raw tomato; 1 medium baked potato; 1/2 green pepper; 1/2 cup raw cabbage; 1/2 cup cauliflower, kale or turnip greens.

Other vegetables and fruits: 4 or more servings per day include above vitamin A and C sources in total.

1 serving is equivalent to 1/2 cup of vegetable or fruit or 1 average serving such as 1 medium apple, banana, or peach.

Plan in your menus at least two servings of any other vegetable or fruit. Those not listed above are not high in vitamin A or vitamin C; however, they give variety to our meals and are useful because they contain smaller amounts of minerals and vitamins which add up to provide an adequate diet.

Bread and cereals

Enriched or whole grain breads and cereals: 4 or more servings per day.

1 serving is equivalent to 1 slice of bread; 1 roll, muffin or biscuit; 2 graham crackers; 4 saltines; 1/2 hamburger bun; 1/2 cup cooked cereal; 3/4 cup dry cereal; 1/2 cup macaroni, noodles, spaghetti, or rice

Plan in your menus each day four servings or more of any of the following: bread, cooked cereals, ready-to-eat cereals, cornmeal, crackers, flour, macaroni, noodles, spaghetti, rice or baked goods. Check the labels and buy only those which are enriched or whole grain. Enrichment of cereal foods and bread with iron, thiamin, riboflavin and niacin furnish worthwhile amounts of these nutrients.

Other foods

To round out meals and to satisfy the appetite, include butter, margarine, other fats, oils, sugars, syrup and jelly. These foods are often used in baked goods and mixed dishes or are added to foods during preparation. These foods supply calories and can add to total nutrients in meals.

NORMAL DIET

Purpose

To provide a nutritionally adequate diet offering a variety of foods for persons who require no dietary modification.

Nutritional Adequacy

This diet meets the Recommended Dietary Allowances when the types and amounts of food suggested are included every day. The recommended amount of iron will not be met for certain age groups unless iron-rich foods are served frequently.

Diet Principles

This diet should include at least the minimum number of servings from the four basic food groups (Milk, Meat, Vegetables and Fruits, Breads and Cereals). Foods not specified such as butter, margarine and sugar may be used in moderation to satisfy the need for calories and add to the total nutrients in meals.

	Approximate
Protein	75-90 grams
Fat	80-100 grams
Carbohydrate	170-280 grams
Calories	1700-2400

SERVE EVERY DAY

Milk:

2 or more cups. May be whole, 2%, skim, buttermilk or evaporated. May be used as a beverage or in cooking. Dry milk may be used in cooking.

Meat and Meat Substitute: (6 oz. total):

2 or more servings. All kinds. One serving should be meat, fish, or poultry. The other serving may be meat, fish, poultry, eggs, cheese, dried beans, dried peas or peanut butter. Prepared any way.

Potato and Potato Substitute:

1 or more servings. White or sweet potato, macaroni, noodles, spaghetti, rice. Prepared any way.

Vegetable:

2 or more servings. All kinds. One serving, at least every other day, should be a dark-green or deep-yellow vegetable or fruit or equivalent source of vitamin A. Prepared any way.

Fruit and Fruit Juice:

2 or more servings. All kinds. One serving should be a citrus fruit or equivalent source of vitamin C.

Bread and Cereal:

4 or more servings. All kinds. Whole grain or enriched.

Fat:

In moderate amounts. All kinds such as butter, fortified margarine, bacon, cream, shortening, salad oil, or salad dressing.

Soup:

As desired. All kinds.

Dessert:

As desired. All kinds (cake, cobbler, cookies, custard, gelatin desserts, ice cream, pies, puddings, sherbet)

Sweets:

In moderate amounts. All kinds (candy, honey, jam, jelly, marmalade, molasses, preserves, syrup, sugar).

Beverage:

As desired. Carbonated beverages, cocoa, coffee, coffee substitutes, decaffeinated coffee, fruitades, tea.

Miscellaneous:

As desired. Condiments (all kinds), catsup, coconut, garlic, mint, mustard, nuts, olives, parsley, pickles, sauces (cream sauce, gravy, meat sauces), spices (all kinds), vinegar.

Suggested Meal Plan:

<u>Meal</u>	<u>Foods</u>	<u>Amounts</u>
Breakfast	Citrus fruit or juice	1/2 cup
	Cereal	1/2 cup
	Egg	1
	Toast	1 slice
	Butter or margarine	1 tsp.
	Milk	1 cup
	Beverage (coffee, tea, water)	
Dinner	Meat, poultry, or fish	3 oz.
	Potato or potato substitute	1/2 cup
	Vegetable	1/2 cup
	Salad (if desired)	1/2 cup
	Bread	1 slice
	Butter or margarine	1 tsp.
	Fruit or dessert	1/2 cup
	Beverage (coffee, tea, water)	
Lunch or Supper	Soup or juice (if desired)	1/2 cup
	Meat or meat substitute	2 oz.
	Vegetable	1/2 cup
	Salad (if not served at noon)	1/2 cup
	Bread	1 slice
	Butter or margarine	1 tsp.
	Fruit or dessert	1/2 cup
	Milk	1 cup

DIET FOR THE OLDER PERSON

The nutrient needs of the older person are basically the same as those of the middle aged, except for a reduction in calories. Physical activity and body processes are lessened during the later years, but the diet for the older person does not differ nutritionally from the normal diet. The only difference may be in the amount served, the method of preparation or the form. It is recommended that fats, desserts, and sweets be served in moderation. Meals must be carefully planned to include the essential nutrients and to avoid excessive calories. Appetites may be poor. Smaller, more frequent meals may be needed. This diet meets the Recommended Dietary Allowances when the types and amounts of food suggested for the normal diet are included every day.

MECHANICAL NORMAL DIET

The mechanical normal diet is a well-balanced diet modified to provide foods which are easier to chew. Any food that is tolerated may be served. Examples of modifications could include ground meat, ground or peeled raw fruits and vegetables, or cooked fruits and vegetables. This diet may be used in combination with any modified diet. This diet meets the Recommended Dietary Allowances when the types and amounts of food suggested for the normal diet are included every day. The recommended amounts of iron will not be met for certain groups unless iron-rich foods are served frequently.

DIET FOR CHILDREN AND ADOLESCENTS

PURPOSE

To provide a nutritionally adequate diet for children and adolescents between the ages of 12 months and 18 years who require no dietary modification.

NUTRITIONAL ADEQUACY

These diets meet the National Research Council's Recommended Dietary Allowances for children and adolescents between the ages of 12 months and 18 years. The recommended amount of iron for children and adolescents will not be met unless iron-rich foods are served frequently.

DIET PRINCIPLES

During the second year of life, the child may show a decrease in appetite. Unless the mother recognizes this, serious feeding problems may start at this time. The child should not be forced to eat any food, but should be encouraged to try a variety of new foods. Iron-rich food sources should be offered frequently to one- to three-year-olds.

During adolescence, the rapid growth spurt occurs and food requirements are extremely high. Foods should be carefully selected from a wide variety of sources to ensure an adequate diet.

Snack foods are important for children and adolescents and may be necessary to meet increased caloric needs during periods of rapid growth. It is wise to choose snack foods from the recommended food list such as breads and cereals, milk drinks, fruit, nuts, cheese, raw vegetables or ice cream. When overweight is a problem, the following guidelines will be helpful in modifying the basic diet:

1. Use low-fat or skim milk.
2. With little or no additional fat prepare lean meats, fish, poultry and eggs.
3. Limit breads and cereals to 4 servings daily.
4. Limit fats and oils and foods that provide mainly calories.
5. Encourage snacks from the fruit and vegetable group.

FOOD GROUPS	RECOMMENDED SERVING	SERVING SIZE	
		1 to 6 Years	7 to 18 Years
Meat & Meat Alternates	2 or more servings. One serving should be meat, fish, or poultry. The other serving may be eggs, cheese, dried beans, dried peas, peanut butter or meat, fish or poultry. Prepared any way.	1 ounce	2-3 ounces
Milk & Milk Products*	4-6 servings. May be whole, 2% or skim milk; buttermilk; or evaporated milk. May be used as a beverage or in cooking. Nonfat dry milk may be used in cooking. Also includes yogurt, cheese and cheese products.	1/2 cup	1 cup
Bread & Cereal	4 or more servings. All kinds. Whole-grain or enriched. Includes macaroni, noodles, spaghetti, rice.	1/2-1 slice	1 slice
		1/3-1/2 cup	1/2 cup

*One quart of milk will provide 400 International Units of vitamin D and 1152 mg. calcium. If milk is not consumed or used in the preparation of soups, casseroles, custards or pudding a vitamin D supplement may be necessary. Alternate sources of calcium should be given to children who do not drink milk.

HO 3 (cont'd)

FOOD GROUPS	RECOMMENDED SERVING	SERVING SIZE	
		1 to 6 Years	7 to 18 Years
Fruits & Vegetables	4 or more servings total	1/3-1/2 cup	1/2 cup
Vitamin C Source	1 serving	1/3-1/2 cup	1/2 cup
Dark Green & Orange	1 serving	1/3-1/2 cup	1/2 cup
All Others	2 or more servings. Includes potatoes and all other fruits and vegetables.	1/3-1/2 cup	1/2 cup
Fats & Oils	2 or more servings. All kinds.	1 teaspoon	1 tablespoon
Other	Moderate amounts; older children may need more to meet energy requirements. Includes dessert items such as cake, cobbler, cookies, gelatin, pies, sherbet and snack items such as potato chips.		
Beverages & Fluids	Beverages such as coffee, tea and carbonated beverages are not generally recommended for children and adolescents. Plain water, fruit juices and milk are preferred.		
Miscellaneous	As desired. Condiments (all kinds), catsup, coconut, garlic, mint, mustard, olives, parsley, pickles, sauces (cream sauce, gravy, meat sauces), spices (all kinds), vinegar.		

SAMPLE MEAL PLAN for 1- TO 3-YEAR-OLD

BREAKFAST

Citrus Fruit—1/4 cup
Cereal—1/4 to 1/3 cup
Egg—1 (if desired)
Toast—1/2 slice
Butter or Margarine—1 teaspoon
Milk—1/2 cup

LUNCH or SUPPER

Meat or Meat Alternate—
1 to 2 tablespoons
Vegetable—1/4 to 1/3 cup
(dark green or deep yellow)
Bread—1/2 slice
Butter or Margarine—1 teaspoon
Fruit—1/4 to 1/3 cup
Milk—1/2 to 1 cup

DINNER

Meat or Meat Alternate—
1 to 2 tablespoons (ground or chopped)
Potato or Substitute—
1/4 to 1/3 cup
Vegetable—1/4 cup
Bread—1/2 slice
Butter or Margarine—1 teaspoon
Fruit or Dessert—1/4 to 1/3 cup
Milk—1/2 to 1 cup

MID-MORNING SNACK

Fruit or Fruit Juice—1/4 cup

MID-AFTERNOON SNACK

Fruit or Fruit Juice—1/2 cup
or
Raw Vegetables—1/4 cup

BEDTIME SNACK

Milk—1/2 cup

Approximate nutrient composition of the Sample Meal Plan:

Protein	40-60 grams	Carbohydrate	100-125 grams
Fat	50-65 grams	Calories	1000-1300

The plan can be adjusted to meet the caloric need variations of the individual.

SAMPLE MEAL PLAN for 4- TO 6-YEAR-OLD

BREAKFAST	LUNCH or SUPPER	DINNER
Citrus Fruit—1/2 cup	Meat or Meat Alternate— 1-2 ounces	Meat or Meat Alternate— 2 ounces
Cereal—1/2 cup	Vegetable—1/2 cup (dark green or deep yellow)	Potato or Substitute—1/2 cup
Egg—1 (if desired)	Bread—1/2 to 1 slice	Vegetable—1/2 cup
Toast—1 slice	Butter or Margarine—1 teaspoon	Bread—1/2 to 1 slice
Butter or Margarine—1 teaspoon	Fruit—1/2 cup	Butter or Margarine— 1-2 teaspoons
Milk—1/2 cup	Milk—1/2 to 1 cup	Fruit or Dessert—1/2 cup
		Milk—1/2 to 1 cup
	MID-AFTERNOON SNACK	BEDTIME SNACK
	Fruit or Fruit Juice—1/2 cup or Raw Vegetables—1/2 cup	Milk—1 cup or Cheese—1 ounce Graham Crackers—2

Approximate nutrient composition of the Sample Meal Plan:

Protein	55-75 grams	Carbohydrate	130-160 grams
Fat	55-70 grams	Calories	1300-1700

The plan can be adjusted to meet the caloric need variations of the individual.

SAMPLE MEAL PLAN for 7- TO 18-YEAR-OLD

BREAKFAST	LUNCH or SUPPER	DINNER
Citrus Fruit or Juice—1/2 cup	Soup or Juice (if desired)—1/2 cup	Meat or Meat Alternate— 2-3 ounces**
Cereal—1/2 cup	Meat or Meat Alternate— 2-3 ounces**	Potato or Substitute— 1/2 to 3/4 cup**
Egg—1 (if desired)	Vegetable—1/2 cup	Vegetable—1/2 cup
Toast—1-2 slices**	Salad (if desired)—1/2 cup	Salad—1/2 cup
Butter or Margarine— 1-2 teaspoons**	Bread—1-2 slices**	Bread—1-2 slices**
Milk—1 cup	Butter or Margarine— 1-2 teaspoons**	Butter or Margarine— 1-2 teaspoons**
Beverage	Fruit—1/2 cup	Fruit or Dessert—1/2 cup
	Milk—1 cup	Milk—1 cup
	MID-AFTERNOON SNACK	BEDTIME SNACK
	Fruit—1/2 cup or Raw Vegetables—1/2 cup	Milk—1 cup Graham Crackers—3

Approximate nutrient composition of the Sample Meal Plan:

Protein	70-100 grams	Carbohydrate	190-260 grams
Fat	70-115 grams	Calories	1700-2400

The plan can be adjusted to meet the caloric need variations of the individual.

**Recommend the higher amount for the 11- to 18-year-old group to help meet increased caloric needs.

LESSON PLAN: 23

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-23

INTERACTION ITEMS: (Review Items)

1. What are the basic four food groups?
2. How do you have a well-balanced diet?
3. What are the four basic diets?
4. What might be a special diet?
5. What can we substitute if the resident cannot eat a diet?
6. Why are fluids important?
7. What do we mean by forcing fluids?
8. How can we force fluids?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Show films.
2. Have dietician speak to class.
3. Research reports on various nutritional problems.
4. Have students keep food intake chart for one day and classify foods as to nutrient content and calories.

LESSON PLAN: 23

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

ANSWERS TO EVALUATION ITEMS

I. Listing:

1. List the four food groups.
 - a. Milk
 - b. Meat
 - c. Vegetables and Fruits
 - d. Breads and Cereals
2. List three strategies for forcing fluids.
 - a. Keep fluids in reach.
 - b. Offer small amounts frequently.
 - c. Offer a variety of fluids.
 - d. Encourage foods with high fluid content.
 - e. Offer favorite beverages.
 - f. Fluids offered at frequent intervals when resident unable to obtain fluids by himself/herself
 - g. Set goal to reach for 24 hours.
 - h. Explain that dribbling sometimes results from concentrated urine, infection and irritation. Therefore, more fluids are needed.
 - i. Involve the patient in keeping the record.

II. True - False:

In the space provided, place a "T" if the statement is true and an "F" if the statement is False.

- T 1. A well-balanced diet contains food from each of the four basic food groups.
- F 2. On a clear liquid diet, the resident may have milk.
- T 3. On a general diet, the resident may have any food he/she desires.
- T 4. The soft diet is easily digested and chewed.
- F 5. On a bland diet, the food is highly seasoned.
- F 6. Salt is necessary on a low sodium diet.
- T 7. The calories must be specially calculated on a diabetic diet.
- T 8. Water is vital to all body functions.

LESSON PLAN: 24

DMH Code 42102

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

INFORMATION TOPIC: III-24

SERVING, FEEDING, AND MONITORING
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Identify nine steps in preparing residents for mealtime.
2. Identify eight steps in checking and serving food trays.
3. Relate key points in helping the resident eat.
4. Identify the points in feeding a resident.
5. Identify after meal care.
6. Identify key points in meeting nutritional needs of residents with special problems.
7. Name two feeding techniques that can be used with the resident who has poor control of facial muscles.
8. Define assistive device.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Food Tray for the Blind Resident
2. HO 2: Adaptive Equipment
3. Film: "Feeding the Patient" (Trainex Long-term Care Series)
4. Film: "Feeding the Patient" (U.S. Army Film Service, Director of the Armed Forces Institute of Pathology, Walter Reed Army Medical Center, 6825 16th Street, NW Washington, DC 20025)
5. Videotape: "A Guide to Dependent Feeding" (Hallmark Films and Recordings, Inc.)
6. Videotape: "A Guide to Independent Feeding" (Hallmark Films and Recordings, Inc.)

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Hospital Research and Educational Trust. Being a Nursing Aide. 2nd ed. Bowie, MD: Robert Brady Co., 1978, pp. 1-26.

Lewis, Lu Verne Wolff. Fundamental Skills in Patient Care. Philadelphia: J. B. Lippincott Co., 1976, pp. 192-211.

INTRODUCTION:

Have you ever thought of all you do to get ready for a meal? We usually go to the bathroom, wash our hands, straighten our clothes, clear the dining area of unpleasant sights and smells, and do various other things to make mealtime a pleasant time. The residents would like to have the same consideration when mealtime approaches. In this lesson, we will be talking about serving, feeding, and monitoring the residents so you can make mealtime a pleasant, happy time for them.

LESSON PLAN: 24

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-24

OUTLINE: (Key Points)

- I. Preparing a resident for mealtime
 - A. Offer bedpan or urinal, assist to bathroom, or remind to go to the bathroom.
 - B. Wash resident's hands or remind to wash hands.
 - C. Assist to dining room, if tolerated.
 1. Assist to chair.
 2. Position chair at table.
 3. Protect clothing with bib or napkin.
 4. Cover unsightly medical appliances, such as urinary bags.
 5. A developmental assistant remains in dining room to assist and monitor as assigned.
 - D. Assist to chair, if tolerated and if unable to leave bedroom.
 1. Position resident comfortably.
 2. Protect clothing with bib or napkin.
 3. Place overbed table in convenient position.
 - E. Elevate head of bed, if resident tolerates and if unable to get out of bed.
 1. Position in as near a sitting position as possible.
 2. Protect clothing with bib.
 3. Place overbed table in convenient position.
 - F. Prepare environment.
 1. Put away unsightly equipment.
 2. Remove smells of recent BM by airing room. Persistent odors indicate cleaning problems.

3. Place fresh glass of water within reach.

4. Straighten linens.

G. Make comfortable so meal can be enjoyed.

H. Avoid giving treatments immediately before and after meals. Schedule in order to avoid mealtimes.

I. Provide privacy when necessary for residents who have unpleasant eating habits. (Refer to IHP)

II. Preparation and serving of meals

A. Check name to make sure resident gets correct diet.

B. Check meal to make sure everything is on it according to posted menu.

C. If resident can't eat when meal is served, take it away to keep it warm.

D. Serve meals promptly so food temperature (hot and cold) is maintained.

E. If serving meals on a tray, serve one tray at a time to avoid dropping trays and spilling liquids. (Carry meal at waist level; not on shoulder next to hair.)

F. See that each person who should have a meal receives one.

G. See that general appearance of meal is orderly and tidy.

H. Trays must be served fast and residents fed promptly.

III. Helping the resident to eat

A. Place the dishes on the table with main dish closest to the resident.

B. Arrange everything so the resident can reach it.

C. Remove food covers and put them to one side.

D. Open milk cartons and cereal boxes.

E. Help resident with cutting food, buttering bread, pouring liquids, etc.

F. Provide straw for those unable to use cup.

G. Encourage resident activity.

H. Use special devices as necessary for resident to be able to eat on own. Follow the residents Individualized Habilitation Plan if resident is not able to feed self and/or uses adaptive devices.

I. Stay with resident until sure s/he can manage on own.

J. Note foods resident does not eat and report findings to the supervisor.

- K. Observe satisfaction with amount of food served.
- L. Note and record amount of food eaten; report change of appetite to supervisor.

IV. Feeding a resident

- A. Place the resident in a comfortable position.
- B. Place dishes so resident can see food.
- C. Protect resident and linen with towel or bib.
- D. Place chair close to resident so developmental assistant can sit while feeding or assisting with feeding.
- E. Avoid being rushed or hurried.
- F. Describe meal if resident is unable to see.
- G. Use straw for giving liquids.
- H. Encourage resident activity - have him/her hold bread, etc.
- I. Give manageable amounts of food with each bite.
- J. Fill fork or spoon only half full to avoid spilling.
- K. Serve food in order of resident's preference. (Get substitute if a food is not accepted.)
- L. Offer liquids and solids alternately.
- M. Give resident sufficient time to chew and swallow food thoroughly.
- N. Season food as resident wishes unless there are special diet restrictions.
- O. Name each mouthful as offered.
- P. Feed slowly.
- Q. Warn resident when offering something hot.
- R. Keep conversation friendly and discuss pleasant subjects.
- S. Wipe mouth when finished.

V. After meal care

- A. Take dishes away when resident is finished eating.
- B. Assist the resident as necessary in leaving dining room.
- C. Assist with personal grooming.

1. Wash face and hands.
2. Assist with or remind of mouth care.
- D. Report and record unusual eating behavior.
- E. Wash your hands.

VI. Special feeding

- A. Resident who has poor control of facial muscles
 1. Use two finger hold to help keep mouth closed while feeding.
 2. Use three finger hold to help support chin if necessary.
- B. Blind resident (HO 1)
 1. Identify everything on the tray.
 2. Identify placement of food on tray by using the clock; i.e., milk at 2:00; meat at 6:00. Placement should be same each meal.
 3. Warn resident which liquids are hot.
 4. Tell resident where utensils are.
- C. Feeding with syringe
 1. Use 40-50 cc syringe with bulb.
 2. Food should be liquid or semiliquid.
 3. Give only 15 cc at a time.
- D. Devices used to help resident (HO 2)
 1. Built-up utensils
 2. Plate guards
 3. Band to hold utensils
 4. Drinking cup
 5. Knifork
 6. Pencil clip for straw
 7. Extended handles
- E. Resident in isolation
 1. Follow facility's isolation procedure.

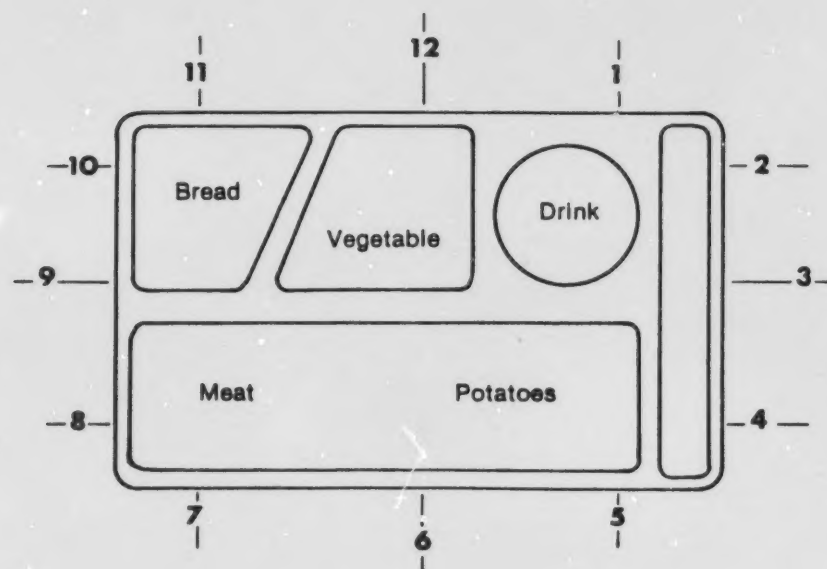
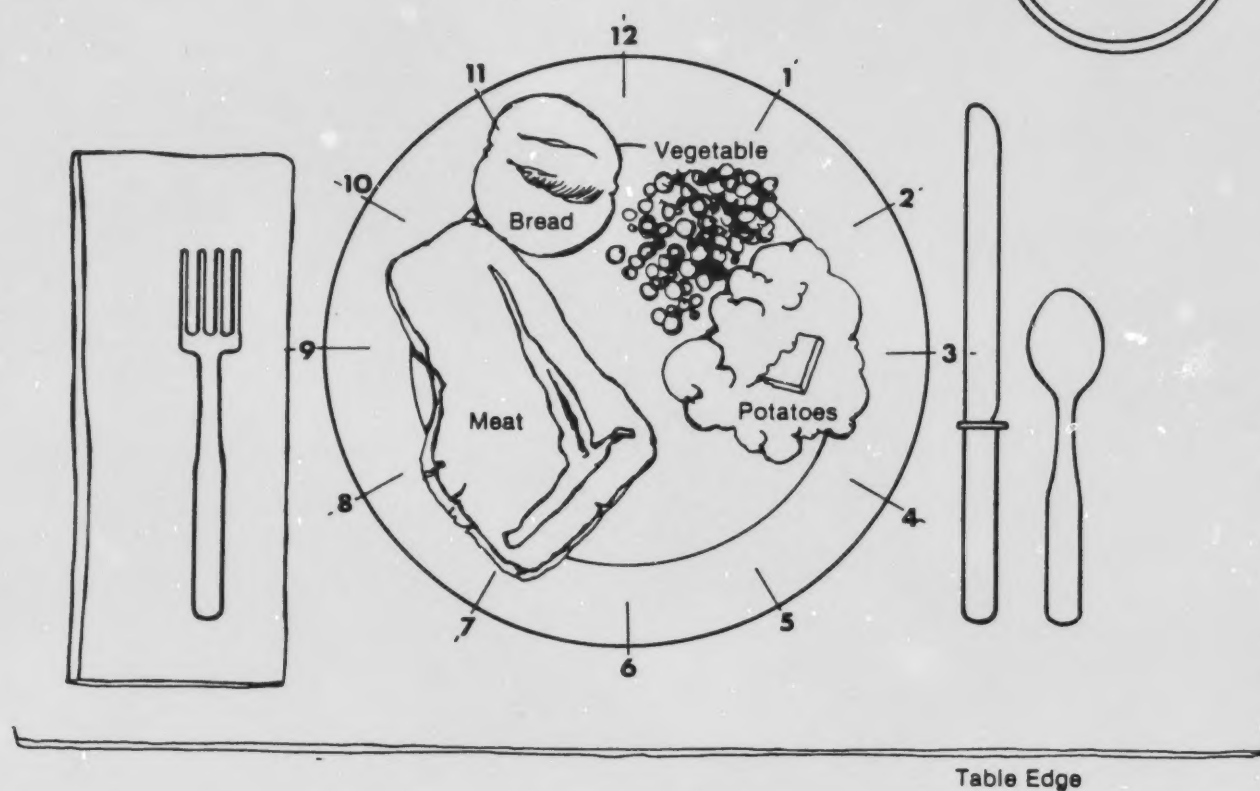
2. Paper dishes usually used.
3. Metal or china utensils must be boiled 10 minutes before washing in soap and water.
4. Special instruction must be given to the developmental assistant regarding isolation techniques.

VII. Summary and conclusion

- A. Preparing a resident for mealtime
- B. Preparation and serving of trays
- C. Helping the resident to eat
- D. Feeding a resident
- E. After meal care
- F. Special feeding

In order to make mealtime pleasant, there are certain things that a developmental assistant can do to help the resident. Preparation must be done before meals; such as toileting, handwashing, and preparing the environment. Everything must be done to ensure that the residents get the right diet and that the meal is served in as attractive and sanitary a manner as possible. We have also discussed tips for helping residents eat and actually feeding a resident. When the resident has finished, the developmental assistant then does after meal care. Special feeding was discussed along with special devices that could be used to assist the resident. Included in our next lesson is a demonstration of the procedure used to feed the resident. Please review the steps of procedure before the next meeting.

Food Tray for the Blind Resident



Adaptive Equipment

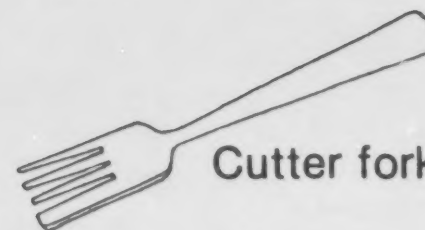
Built-up handles



foam curler



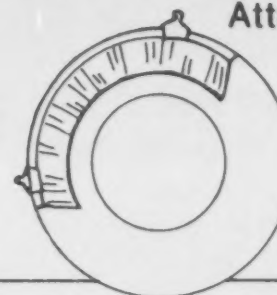
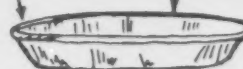
Wooden handle



Cutter fork (Knifork)

Rim on plate

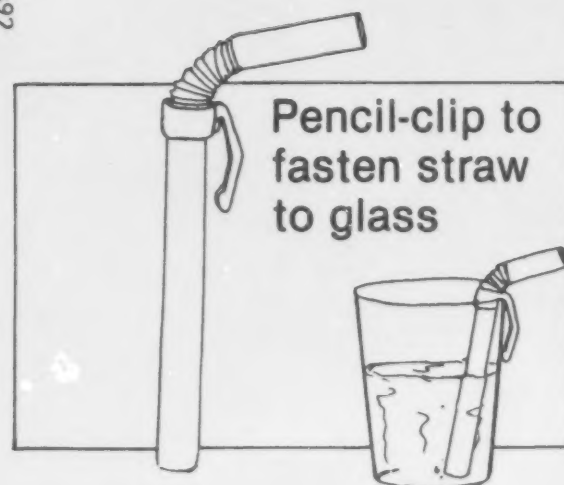
$\frac{1}{3}$ section of disposable pie tin.



Attach to plate by paper clamps.

Spilling of food is prevented. The rim provides a surface to assist in filling the fork or spoon.

492



Pencil-clip to fasten straw to glass



Drinking cup

452

Elastic holder



Measure $\frac{3}{4}$ " elastic to fit snugly around the hand. Stitch a 3" section of soft leather to the elastic - making a snug pocket. Leave one end open. Insert fork or spoon in open end.

453

HO2

LESSON PLAN: 24

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-24

INTERACTION ITEMS: (Review Items)

1. What is one thing that must be done for the resident before mealtime?
2. How do you make sure the resident gets the correct tray?
3. Who should be served their tray last?
4. Which dish should be closest to the resident?
5. How full should the fork or spoon be filled?
6. What should you do if you are going to give the resident something hot to drink?
7. What are some of the things you should do after the resident is finished eating?
8. Who would be one person who would need special feeding?
9. How can you encourage self-help in eating?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Show films.
2. Have students role play serving trays to one another and feeding each other.
3. Practice using special devices to help resident eat.
4. Observe a developmental assistant on a unit serving a tray and feeding a resident.

LESSON PLAN: 24

DMH Code 42102

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

ANSWERS TO EVALUATION ITEMS

I. Multiple Choices:

Select the best answer and write the letter in the space provided.

- d 1. You are to get a resident ready for lunch. What would you do first?
- a. Tell the resident it is time for lunch.
 - b. Position resident properly, in as near normal sitting position as tolerated.
 - c. Tell the resident to wash his/her hands.
 - d. Offer the bedpan or urinal or encourage resident to use the bathroom.
- c 2. Which of these would help to prepare the environment before serving the meal?
- 1. Giving mouth care
 - 2. Removing unsightly equipment
 - 3. Straightening linen
 - 4. Placing fresh glass of water within reach
- a. All of these
 - b. 1, 2, & 3
 - c. 2, 3, & 4
 - d. 2 only
- a 3. When a resident complains about the food served to him/her, which of the following is not appropriate?
- a. Offer to get something else of equal nutritional value.
 - b. Remind resident that he/she is sick and the food will taste better when the resident starts feeling better.
 - c. Be as cheerful as possible and report the complaint to your supervisor.
 - d. Agree with whatever resident says, but don't bother to do anything about such a trivial complaint.

II. Short Answer:

1. Name one technique that can be used with the resident who has poor control of facial muscles.
- a. Two finger hold
 - b. Three finger hold
2. Define assistive device.

A specially designed eating utensil used by residents who have physical disabilities.

In the space provided, place a "T" if the statement is true and an "F" if the statement is false.

- | | | |
|--------------|-----|--|
| <u> T </u> | 1. | The head of the bed should be elevated if the resident remains in bed to eat. |
| <u> F </u> | 2. | If meals are served on trays, several trays may be served at one time to save time and energy. |
| <u> T </u> | 3. | The meal should be placed so the main dish is closest to the patient. |
| <u> T </u> | 4. | The DA should sit while feeding a resident if at all possible. |
| <u> T </u> | 5. | Resident self-help activity should be encouraged. |
| <u> F </u> | 6. | The fork or spoon should be filled completely full when giving the resident a mouthful. |
| <u> F </u> | 7. | All solids should be given first; then the liquids. |
| <u> T </u> | 8. | Food for residents on regular diets should be seasoned as the resident wishes. |
| <u> F </u> | 9. | No conversation should take place during the meal. |
| <u> T </u> | 10. | The dishes should be taken away as soon as the resident finishes eating. |
| <u> T </u> | 11. | Any unusual eating behaviors should be noted and reported. |
| <u> F </u> | 12. | The resident should be fed as fast as possible. |
| <u> T </u> | 13. | Food should be served in order of resident's preference. |
| <u> F </u> | 14. | A paralyzed resident should be fed into the paralyzed side of the mouth. |
| <u> T </u> | 15. | Identify where everything is on the tray of a blind resident. |
| <u> T </u> | 16. | The resident's habilitation plan will provide direction in assisting the resident to feed himself/herself. |
| <u> F </u> | 17. | Mealtime is the best time for discussing any problems the resident may be having. |

LESSON PLAN: 25

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

DEMONSTRATION LESSON: III-25

FEEDING THE DEPENDENT RESIDENT
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Feed a resident according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Diet tray
2. Bib
3. Overbed table
4. Chair
5. Videotape: "A Guide to Dependent Feeding" (Available from: Hallmark Films and Recordings, Inc.)

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Hospital Research and Educational Trust. Being a Nursing Aide. 2nd ed. Bowie, MD: Robert Brady Co., 1978, pp. 1-26.

Lewis, Lu Verne Wolff. Fundamental Skills in Patient Care. Philadelphia: J. B. Lippincott Co., 1976, pp. 192-211.

Reese, Dorothy Erickson. How to be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1976, p. 22.

INTRODUCTION:

You have been studying nutrition and how to serve, feed, and monitor a resident. With that background information, you are now ready to learn the actual procedure for feeding a dependent resident. Working in an MR/DD facility, you know that food and mealtime is an important part of the day. Residents wish to be fed in an acceptable manner if they can not do so for themselves. Remember to follow the resident's Individualized Habilitation Plan if s/he requires assistance or uses assistive devices when eating.

LESSON PLAN: 25

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-24

TOOLS, MATERIALS, AND EQUIPMENT:

Diet tray
Bib
Overbed table
Chair

STEPS OF PROCEDURE:

1. Do before meal care before meal is served.
2. Wash hands.
3. Serve meal according to proper procedure.
4. Spread napkin to protect clothes and linen (use bib if necessary).
5. Prepare food: cut up meat, butter bread, pour beverage.
6. Season food as resident wishes within diet guidelines.
7. Ask resident in what order s/he wants his/her food served.
8. Let resident self-help if possible.
9. Use straws for liquids or a double handled cup.
10. Give small bites.
11. Allow time for chewing.
12. Alternate liquids and solids.
13. Warn resident when giving something hot.
14. Take dishes away as soon as resident is finished.
15. Do after meal care.
16. Report and record any unusual eating behaviors.

Summary and conclusion

1. Ask Interaction Items 1-6.
2. Review steps of procedure.

3. When you have completed study of the steps of the procedure you will practice on each other in the classroom-laboratory or on a resident in the facility under the direct supervision of your clinical instructor.

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LESSON PLAN: 25

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-24

INTERACTION ITEMS: (Review Items)

1. What were some of the important points in doing before meal care?
2. Why should the developmental assistant wash his/her hands before serving the tray?
3. What were some important points in serving the tray?
4. Why should the resident do what s/he can for himself/herself?
5. What is the purpose of alternating liquids and solids?
6. What do we mean by after meal care?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Have students practice feeding one another.

LESSON PLAN: 25

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-24

EVALUATION ITEMS: NAME OF STUDENT: _____

FEEDING THE DEPENDENT RESIDENT

Equipment:

1. Diet tray
2. Bib
3. Overbed table
4. Chair

Did the student:	Yes	No
1. Do before meal care before meal is served. _____		
2. Wash hands. _____		
3. Serve meal according to proper procedure. _____		
4. Spread napkin to protect clothes and linen (use bib if necessary). _____		
5. Prepare food: cut up meat, butter bread, pour beverage. _____		
6. Season food as resident wishes within diet guidelines. _____		
7. Ask resident in what order s/he wants his/her food served. _____		
8. Let resident self-help if possible. _____		
9. Use straws for liquids or a double handled cup. _____		
10. Give small bites. _____		
11. Allow time for chewing. _____		
12. Alternate liquids and solids. _____		

Did the student:	Yes	No
13. Warn resident when giving something hot. _____		
14. Take dishes away as soon as resident is finished. _____		
15. Do after meal care. _____		
16. Report and record any unusual eating behaviors. _____		

The student has satisfactorily completed the procedure "FEEDING THE DEPENDENT RESIDENT" according to the steps outlined.

Yes _____ No _____

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

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LESSON PLAN: 26

DMH Code 41103

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

INFORMATION TOPIC: III-26

OBSERVE, MEASURE, AND RECORD FLUID INTAKE AND OUTPUT
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Identify five reasons why observing, measuring, and recording fluid intake and output is important.
2. List three ways fluids are administered.
3. Identify five ways fluids are lost.
4. List four symptoms of dehydration.
5. List four fluids which must be measured for oral intake.
6. Identify seven key points in measuring fluids accurately.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Graduate measure
2. Intake and output sheet
3. HO 1: Graduate Measure
4. HO 2: Measurement Equivalents and Abbreviations
5. HO 3: Measuring and Recording Fluid Intake and Output

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Conahan, Judith. Helping Your Elderly Patients: A Guide for Nursing Assistants. New York: The Tiresias Press Inc., 1976, pp. 24-27.

Hospital Research and Educational Trust. Being a Nursing Aide. 2nd ed. Bowie, MD: Robert Brady Co., 1978, pp. 1-26.

Lewis, Lu Verne Wolff. Fundamental Skills in Patient Care. Philadelphia: J. B. Lippincott Co., 1976, pp. 192-211.

Saxon, Sue, and Mary Jean Etten. Physical Change and Aging. New York: The Tiresias Press Inc., 1978, pp. 136-142.

Stevens, Marion Keith. Geriatric Nursing for Practical Nurses. 2nd ed. Philadelphia: W. B. Saunders Co., 1975, pp. 74-90.

INTRODUCTION:

Since our body is 60% water, this liquid is vital to life. As a developmental assistant one of your responsibilities will be to make sure the residents have enough fluids. The habilitation team may restrict or encourage fluid intake; it is nursing's responsibility to know which has been ordered and see that the order is carried out. In order to help you meet the needs of your residents, we will be discussing what to observe, how to measure, and how to record the intake and output of fluids of the residents.

LESSON PLAN: 26

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-26

OUTLINE: (Key Points)

I. Importance of fluids.

- A. 60% body weight is fluid
- B. Vital to all body functions
- C. Water intake is balanced by water loss.
- D. Care needed to keep balance in residents
 - 1. Residents on medication
 - 2. Residents who are ill
- E. Necessary for electrolyte balance

II. Ways of administering fluids

- A. Oral
- B. Gastrostomy tube
- C. Intravenous
- D. Nasogastric tube

III. Ways fluid lost

- A. Urination
- B. Defecation
- C. Perspiration
- D. Respiration
- E. Vomiting
- F. Drainage from wounds
- G. Hemorrhage

H. Extensive burns

IV. Symptoms of dehydration

- A. Thirst
- B. Dry skin and mucous membrane
- C. Constipation
- D. Little or no urination
- E. Fall in blood pressure
- F. Weak, rapid pulse
- G. Elevated temperature
- H. Loss of skin tissue elasticity

V. Fluids which must be measured for oral intake

- A. Water
- B. Coffee
- C. Tea
- D. Gelatin
- E. Ice cream; milk shakes
- F. Sherbet
- G. Carbonated beverages
- H. Milk
- I. Juices
- J. Broth or soup
- K. Cream
- L. Ice chips

VI. Measuring intake and output

- A. Keep accurate record of intake
 - 1. Usually a paper and pencil are kept at the resident's bedside for each eight hour shift to record intake and output.
 - 2. Involve resident in keeping this record.

- B. Intake and output are recorded at the end of each shift and totaled at the end of each twenty-four hour period. Average daily intake of fluid for an adult is 2,000 to 3,000 cc. or approximately two to three quarts.
- C. At mealtime, check resident's tray before serving and after resident has eaten to determine intake.
- D. Before pitcher is emptied, measure water left to determine the amount which has been taken.
- E. Measure urinary output accurately each time bedpan or urinal is emptied.
- F. Measure and record any other body discharges such as vomiting, diarrhea, or in suction apparatus and drainage on dressings; mention on intake and output record if resident perspires profusely.

(NOTE: If unable to measure accurately, estimate amount and mark on chart estimated amount.)

- G. Notify resident and family that intake and output is being measured to enlist their cooperation.

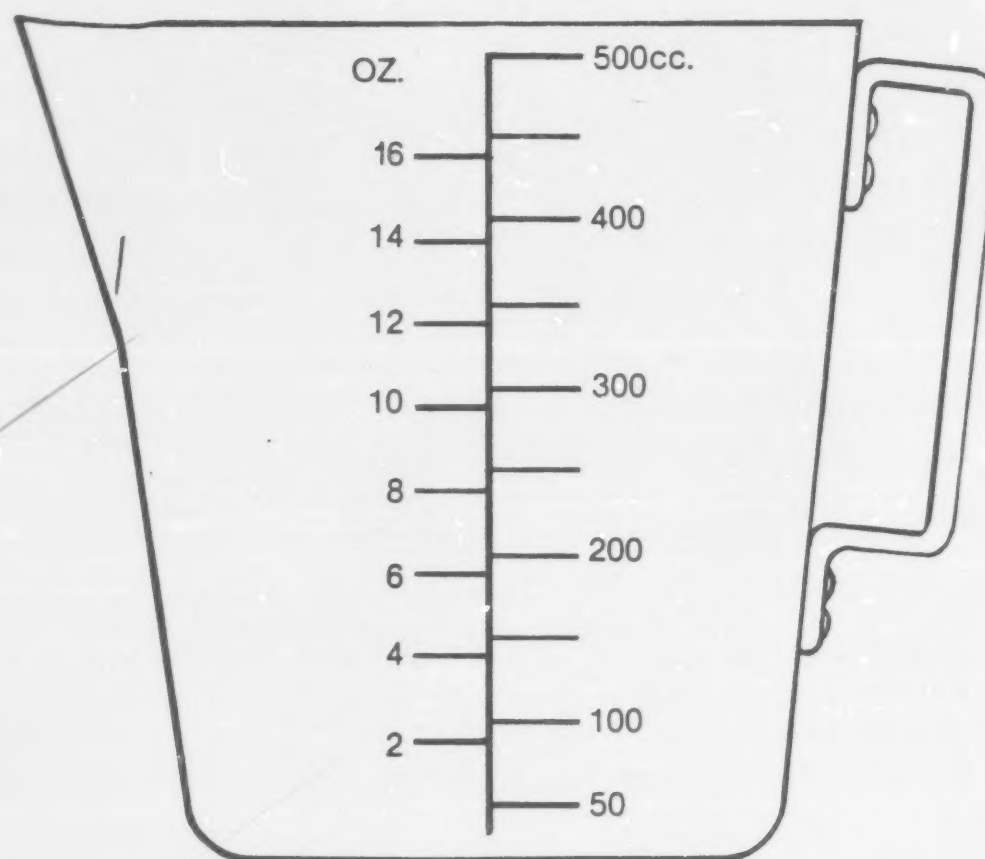
VII. Measurement equivalents and abbreviations (HO 2)

VIII. Summary and conclusion

- A. Importance of fluids
- B. Ways of administering fluids
- C. Ways fluid lost
- D. Symptoms of dehydration
- E. Fluids which must be measured for oral intake
- F. Measuring intake and output

This lesson has shown you the importance of fluids and has prepared you to identify those fluids that must be recorded as intake and output. You should now be ready to accurately identify and measure fluids.

Graduate Measure



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Measurement Equivalents and Abbreviations

1 oz. = 30 c.c.

juice glass = 4 oz. = 120 c.c.

cup = 6 oz. = 180 c.c.

glass = 8 oz. = 240 c.c.

- soup bowl = 4 oz. = 120 c.c.

- jello-4 oz. = 120 c.c.

- Measure servings in each facility
to establish accurate measure

MEASURING AND RECORDING FLUID INTAKE AND OUTPUT

Record the following information on the proper form according to your facility procedure.

A. Date - May 11, 1978

B. Name - John Middleton, Jr.

C. South Wing; Room - 255

D. Method of Administration: Oral

E. 7:30 a.m.	Urine	500 c.c.
8:00 a.m.	Grape juice	90 c.c.
	Milk	120 c.c.
	Coffee	90 c.c.
9:30 a.m.	Water	180 c.c.
12:00 Noon	Tea	120 c.c.
	Soup	180 c.c.
1:00 p.m.	Water	90 c.c.
2:00 p.m.	Apple juice	120 c.c.
2:15 p.m.	Vomit	120 c.c.
3:20 p.m.	Tea	120 c.c.
5:00 p.m.	Orange juice	60 c.c.
5:30 p.m.	Urine	400 c.c.
6:30 p.m.	Water	150 c.c.
8:45 p.m.	Gingerale	150 c.c.
9:00 p.m.	Urine	300 c.c.
10:00 p.m.	Water	90 c.c.
10:15 p.m.	Urine	200 c.c.

LESSON PLAN: 26

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-26

INTERACTION ITEMS: (Review Items)

1. What do we mean by dehydration?
2. What fluids need to be recorded as oral intake?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Practice measuring different amounts of fluid.
2. Practice recording intake and output using HO 2.

LESSON PLAN: 26

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

ANSWERS TO EVALUATION ITEMS

Match the household measurement in the left-hand column with the correct metric equivalent in the right-hand column. Place the correct letter in front of the number in the left-hand column. A letter may be used once, more than once, or not at all.

<u>f</u>	1.	1 cup	a.	120	c.c.
<u>c</u>	2.	8 teaspoons	b.	500	c.c.
<u>a</u>	3.	4 ounces, juice glass	c.	30	c.c.
<u>b</u>	4.	1 pint	d.	1000	c.c.
<u>i</u>	5.	1 dessert spoon	e.	4000	c.c.
<u>c</u>	6.	2 ounce	f.	240	c.c.
<u>d</u>	7.	1 quart	g.	250	c.c.
<u>e</u>	8.	1 gallon	h.	10	c.c.

List four symptoms of dehydration

1. Thirst
2. Dry skin and mucous membrane
3. Constipation
4. Little or no urination
5. Fall in blood pressure
6. Weak, rapid pulse
7. Elevated temperature
8. Loss of tissue elasticity

List four fluids which must be measured for oral intake

- | | |
|---------------------------|-------------------------|
| 1. Water | 7. Carbonated beverages |
| 2. Coffee | 8. Milk |
| 3. Tea | 9. Juices |
| 4. Gelatin | 10. Broth or soup |
| 5. Ice cream; milk shakes | 11. Cream |
| 6. Sherbet | 12. Ice chips |

LESSON PLAN: 27

DMH Code 44103

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

INFORMATION TOPIC: III-27

ELIMINATION
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. List three reasons for proper elimination.
2. List four factors which inhibit elimination.
3. Identify nursing responsibilities related to urination and defecation.
4. Identify nursing measures to aid elimination.
5. List three conditions that threaten the normal elimination of stool.
6. Identify two characteristics to identify about the elimination of urine.
7. List one aid for the elimination of stool.
8. List one aid for the elimination of urine.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Indwelling catheter
2. External catheter

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Brentlinger, Clara. Nurse Assistant. Stillwater, OK: Curriculum and Instructional Materials Center for the Division of Health Occupations Education, 1971, pp. 285-288.

Hanebuth, Lorna S., Ehrhart, Mary K. and Peltzer, John T. Nursing Assistant and the Long-term Health Care Facility. Scranton, PA: Harper and Row Co., 1979.

King, Eunice M., Wieck, Judith and Dyer, Marilyn. Illustrated Manual of Nursing Techniques. J. B. Lippincott Co., 1976, pp. 272-275.

Lewis, Lu Verne Wolff. Fundamental Skills in Patient Care. Philadelphia: J. B. Lippincott Co., 1976, pp. 272-275.

Reese, Dorothy Erickson. How to be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1976, pp. 41-51.

INTRODUCTION:

Elimination is one of our basic body functions. We do not live long if we cannot urinate or defecate. Many of our residents have problems with these functions either due to disease, medications, physical handicaps, or to aging. In this lesson we will discuss what elimination is and some of your nursing responsibilities for elimination.

LESSON PLAN: 27

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-27

OUTLINE: (Key Points)

I. Reasons for proper elimination

- A. Body's way of ridding itself of waste which will poison the system if not eliminated.
- B. Function of urinary and digestive systems can deteriorate if not used and cared for.
- C. Prevents disease and infection.

II. Factors which inhibit elimination

- A. Lack of privacy
- B. Limited mobility
- C. Immobility as in traction or casts
- D. Diet changes
- E. Medications
- F. Fluid intake
- G. Recumbent position for prolonged periods
- H. Weakness because of illness or surgery
- I. Psychological or emotional stress

III. Nursing responsibilities related to urination and defecation

- A. Provide privacy for the resident during elimination.
- B. Assist resident with daily elimination needs.
- C. Provide an opportunity for elimination at regular intervals to prevent bladder distention and constipation.
- D. Establish a routine in an effort to control incontinence.

- E. Assist with keeping intake and output records. Encourage consumption of fruits, vegetables, and roughage.
- F. Encourage adequate intake of fluids.
- G. Observe and report abnormalities in urine or feces.
- H. Collect urine or feces for laboratory examination.
- I. Assist in determining adequacy of elimination.

IV. Nursing measures to aid elimination

- A. Assure resident of absolute privacy.
- B. Proper positioning on bedpan, commode, or toilet stool
- C. Offer bedpan at regular intervals.
- D. Give bedpan to resident promptly when requested.
- E. Insure adequate fluid intake.
- F. Encourage resident to eat a well-balanced high fiber diet with fruit juices.
- G. Encourage resident to move about and assist resident with exercise.
- H. Assist resident to use commode or toilet if able.
- I. Monitor the results of enemas or suppositories given as prescribed by physician.

V. Conditions that threaten normal elimination

A. Stool

- 1. Diarrhea
- 2. Constipation
- 3. Impaction
- 4. Abdominal distention
- 5. Hernia
- 6. Hemorrhoids
- 7. Bowel obstruction

B. Urine

- 1. Kidney infection

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2. Kidney failure
3. Urinary retention
4. Bladder infection
5. Incontinence

VI. Characteristics to observe about elimination

A. Stool

1. Number of movements per day
2. Consistency, shape, color, and odor
3. Presence of any unusual matter such as blood or mucus
4. Expulsion of flatus
5. Symptoms of pain, abdominal distention, or cramping

B. Urine

1. Amount of urine
2. Frequency, urgency, discomfort, or pain
3. Color and transparency of urine
4. Unusual odor of urine

(NOTE: Normal urine is clear and light yellow in color with a characteristic odor.)

VII. Aids to elimination

A. Urine

1. Indwelling catheter
2. Triggering mechanisms: running water, tickling inner thighs, etc.
3. Crede' technique

B. Stool

1. Laxatives
2. Suppositories
3. Enemas
 - a. Cleansing or soapsuds

- b. Fleets
- c. Tap water

VIII. Psychological aspects of elimination

- A. Embarrassment
- B. Psychological feelings from early training
- C. Unpleasant process
- D. Incontinence as an "attention getter"

IX. Summary and conclusion

- A. Reasons for elimination
- B. Factors which inhibit elimination
- C. Nursing responsibilities related to elimination
- D. Nursing measures to aid elimination
- E. Conditions that threaten elimination
- F. Characteristics to observe about elimination
- G. Aids to elimination
- H. Psychological aspects of elimination

In this lesson, we have discussed reasons for proper elimination, factors which inhibit elimination, nursing responsibilities related to elimination, nursing measures which aid elimination and conditions that threaten elimination. We have also discussed characteristics to observe about elimination, aids to elimination, and the psychological aspects of elimination.

LESSON PLAN: 27

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-27

INTERACTION ITEMS: (Review Items)

1. What are some of the reasons for proper elimination?
2. What would hinder a resident from eliminating?
3. How can you as a developmental assistant promote elimination?
4. What might be some disease conditions or other factors which would hinder a resident from eliminating stool properly?
5. What would be something which would hinder a resident from eliminating urine properly?
6. What do you have to observe when a resident has a stool?
7. What do you have to observe about urine?
8. What would you do if the resident cannot urinate?
9. What would you do if the resident cannot defecate?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Discuss interaction items.
2. Discuss own feelings about urination and defecation and have students who have had to have their elimination needs taken care of by someone else tell of their feelings.

LESSON PLAN: 27

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

ANSWERS TO EVALUATION ITEMS

Listing:

1. List four factors which block elimination:
 1. Lack of privacy
 2. Limited mobility
 3. Immobility in casts and traction
 4. Diet changes
 5. Medications
 6. Fluid intake
 7. Recumbent position for prolonged periods
 8. Weakness
 9. Psychological or emotional stress
2. List three conditions that threaten normal elimination of stool.
 1. Diarrhea
 2. Constipation
 3. Impaction
 4. Abdominal distention
 5. Hernia
 6. Hemorrhoids
 7. Bowel obstruction
3. List two conditions which threaten normal elimination of urine.
 1. Kidney infection
 2. Kidney failure
 3. Urinary retention
 4. Bladder infection

5. Incontinence
4. What is one thing that can be done if the resident cannot urinate?
 1. Indwelling catheter
 2. Triggering mechanisms: running water, tickling inner thigh, etc.
5. What is one thing that can be done if the resident cannot defecate?
 1. Laxatives
 2. Suppositories
 3. Enemas
6. List three reasons for proper elimination.
 1. Remove waste adequately.
 2. Prevents deterioration of urinary and digestive system.
 3. Prevents infection and disease.

In the space provided, place a "T" if the statement is true and an "F" if the statement is false.

- T 1. Establishing a routine will help to control incontinence.
- T 2. Privacy helps the resident urinate or defecate.
- F 3. Fluids should be restricted when a resident cannot urinate.
- T 4. Exercise helps the resident with his/her elimination.
- F 5. The bedpan should be given only if requested by the resident.
- T 6. A daily record should be kept of the elimination of stool.
- T 7. Eating fruits and vegetables will aid in elimination.
- T 8. Number of stools per day should be observed.
- F 9. Odor of the stool is not important since stools usually smell bad anyway.
- T 10. Pain or cramping in the abdomen should be reported to the supervisor.
- F 11. When the resident has frequent and urgent urination, he/she should be restricted in activity.
- T 12. Color of the urine should be reported.

LESSON PLAN: 28

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit presents principles and procedures of physical care skills which include understanding the body system, providing personal care and performing basic nursing procedures.

DEMONSTRATION LESSON: III-28

GIVE AND REMOVE BEDPAN/URINAL
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Give and remove the resident's bedpan/urinal according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Bedpan
2. Bedpan cover
3. Urinal
4. Urinal cover

INFORMATIONAL ASSIGNMENT:

None

REFERENCES: (Instructor's Additional Information)

Hanebuth, Lorna S., Ehrhart, Mary K., and Peltzer, John T. Nursing Assistant and the Long-Term Health Care Facility. Scranton, PA: Harper and Row Co., 1979.

Reese, Dorothy Erickson. How To Be A Nurse's Aide In A Nursing Home. Washington, DC: American Health Care Association, 1976. pp. 41-44.

INTRODUCTION:

The residents who can get out of bed go to the bathroom or use a commode or portable toilet. If the resident is unable to do this, she/he uses the bedpan or urinal. It is important to maintain the dignity of the resident as much as possible while also promoting safety. The resident should not be left alone unless she/he does not require assistance.

LESSON PLAN: 28

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION: III-28

STEPS OF PROCEDURE: (Key Points)

Assist resident on bedpan.

1. Greet resident; identify self.
2. Obtain bedpan and warm by running warm water over it.
3. Dry bedpan.
4. Screen resident.
5. Instruct resident on what to do.
6. Turn back top bedding.
7. Ask resident to raise hips by pressing his/her feet down on mattress.
8. Pull gown up or pajamas down.
9. If necessary, help resident raise hips by slipping hand under lower part of back.
10. With other hand, slip bedpan under resident's hips and adjust.

Assist helpless resident on bedpan.

1. Turn resident on side.
2. Position bedpan firmly against buttock region.
3. Roll Resident onto the bedpan.
4. Position resident for comfort.
5. Raise head of bed if allowed.
6. Put side rails up.
7. Stay with the resident unless she/he does not require assistance.

Remove bedpan.

1. Lower head of bed.
2. Place one hand under small of the resident's back and assist him/her to lift his/her hips.

3. Remove bedpan with other hand.
4. If helpless resident, hold bedpan with one hand and roll resident off pan with other hand.
5. Cover bedpan.
6. Wipe, wash, and dry the anal area.
7. Wash resident's hands.
8. Empty bedpan.
9. Clean, disinfect, and replace bedpan.
10. Wash hands.
11. Chart and report observations.

Assist resident with urinal.

1. Greet resident; identify self.
2. Obtain urinal.
3. Screen resident.
4. If applicable, assist resident to place urinal.
5. Stay with the resident, unless she/he does not require assistance.
6. Cover urinal.
7. Take urinal to bathroom.
8. Empty urinal.
9. Clean, disinfect, and replace urinal.
10. Wash hands.
11. Chart and report observations.

Summary and Conclusion

1. Ask Interaction Items #1-4.
2. Review steps of procedure.

3. When you have completed study of the steps of procedure you will practice in the classroom-laboratory or on a resident in the health care facility under the direct supervision of a clinical instructor.

LESSON PLAN: 28

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-28

INTERACTION ITEMS: (Review Items)

1. How do you instruct the resident to raise his/her hips?
2. How do you assist the resident to raise his/her hips?
3. How do you assist the resident to get off the bedpan?
4. When does the developmental assistant place the urinal for a resident?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Instructor demonstrates giving and removing the bedpan.
2. Students practice giving and removing the bedpan.
3. Instructor demonstrates giving and removing a urinal.
4. Students practice giving and removing a urinal.

LESSON PLAN: 28

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

EVALUATION ITEMS: III-28

Student's Name _____

GIVE AND REMOVE BEDPAN/URINAL

EQUIPMENT:

1. Bedpan
2. Bedpan cover
3. Urinal
4. Urinal cover

	YES	NO
<u>DID THE STUDENT:</u>		
Assist resident on bedpan. _____		
1. Greet resident; identify self. _____		
2. Obtain bedpan and warm by running warm water over it. _____		
3. Dry bedpan. _____		
4. Screen resident. _____		
5. Instruct resident on what to do. _____		
6. Turn back top bedding. _____		
7. Ask resident to raise hips by pressing his/her feet down on mattress. _____		
8. Pull gown up or pajamas down. _____		
9. If necessary, help resident raise hips by slipping hand under lower part of back. _____		
10. With other hand, slip bedpan under resident's hips and adjust. _____		

DID THE STUDENT:		YES	NO
Assist helpless resident on bedpan. _____			
1.	Turn resident on side. _____		
2.	Position bedpan firmly against buttock region. _____		
3.	Roll resident onto the bedpan. _____		
4.	Position resident for comfort. _____		
5.	Raise head of bed if allowed. _____		
6.	Put side rails up. _____		
7.	Stay with the resident unless she/he does not require assistance. _____		
Remove bedpan			
1.	Lower head of bed. _____		
2.	Place one hand under small of the resident's back and assist him/her to lift his/her hips. _____		
3.	Remove bedpan with other hand. _____		
4.	If helpless resident, hold bedpan with one hand and roll resident off pan with other hand. _____		
5.	Cover bedpan. _____		
6.	Wipe, wash, and dry the anal area. _____		
7.	Wash resident's hands. _____		
8.	Empty bedpan. _____		
9.	Clean, disinfect, and replace bedpan. _____		
10.	Wash hands. _____		
11.	Chart and report observations. _____		

<u>DID THE STUDENT:</u>		YES	NO
Assist resident with urinal.			
1.	Greet resident; identify self. _____		
2.	Obtain urinal. _____		
3.	Screen resident. _____		
4.	If applicable, assist resident to place urinal. _____		
5.	Stay with the resident unless she/he does not require assistance. _____		
6.	Cover urinal. _____		
7.	Take urinal to bathroom. _____		
8.	Empty urinal. _____		
9.	Clean, disinfect, and replace urinal. _____		
10.	Wash hands. _____		
11.	Chart and report observations. _____		

The student has satisfactorily completed the procedure "GIVE AND REMOVE BEDPAN/URINAL" according to the steps outlined.

_____(Date)_____

Instructor's Signature
(Verifying Satisfactory Completion)

LESSON PLAN: 29

DMH Code 44218

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

DEMONSTRATION LESSON: III-29

APPLY ATTENDS BRIEFS
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Apply an Attends Brief according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Attends brief
2. Videotape: "Attends" (Available from the Attends Brief Area Representative)

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

INTRODUCTION:

Everyone is not able to control their bowel and bladder function. Part of your job will be to help these persons learn to establish good and functional bowel and bladder habits. "Attends" are a tool to aid the developmental assistant with this task as well as provide greater comfort to residents, because they help prevent the embarrassment of having an "accident."

LESSON PLAN: 29

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-29

TOOLS, MATERIAL, AND EQUIPMENT:

Attends brief

STEPS OF PROCEDURE:

1. Place resident in reclining position
2. Position Attends brief under resident with puckered side away from resident.
3. Place tab side under the buttocks with tabs at hip level.
4. Bring front section up between legs, making sure that plastic gathering is away from the skin.
5. For a better fit, fold excess of front section to outside, away from the resident.
6. To fasten tabs, bring bottom tab forward and upward and adhere to top.
7. Bring top tab downward to adhere to the front.
8. Fold excess portion at top to outside, plastic away from resident.

Summary and conclusion

1. Ask Interaction Items.
2. Review steps of procedure.
3. When you have completed study of the steps of procedure you will practice on a mannequin in the classroom-laboratory or on a resident in the health care facility under the direct supervision of a clinical instructor.

LESSON PLAN: 28

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-28

INTERACTION ITEMS: (Review Items)

1. How do you apply an Attends brief?
2. How do you ensure a better fit?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Instructor demonstrates applying an Attends brief.
2. Students apply an Attends brief to a mannequin.

LESSON PLAN: 29

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-29

EVALUATION ITEMS: NAME OF STUDENT: _____

APPLY ATTENDS BRIEF

Equipment:

- I. Attends brief

Did the student:	Yes	No
1. Place resident in reclining position. _____		
2. Position Attends brief under resident with puckered side away from resident. _____		
3. Place tab side under the buttocks with tabs at hip level. _____		
4. Bring front section up between legs, making sure that plastic gathering is away from the skin. _____		
5. For a better fit, fold excess of front section to outside, away from the resident. _____		
6. To fasten tabs, bring bottom tab forward and upward and adhere to top. _____		
7. Bring top tab downward to adhere to the front. _____		
8. Fold excess portion at top to outside, plastic away from resident. _____		

The student has satisfactorily completed the procedure "APPLY ATTENDS BRIEF" according to the steps outlined.

Yes ____ No ____

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

LESSON PLAN: 30

DMH Code 43101

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

INFORMATION TOPIC: III-30

VITAL SIGNS
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Identify the part of a degree represented by each mark on a thermometer.
2. Hold a thermometer correctly.
3. Locate the mercury in a thermometer.
4. Identify to what degree a thermometer should be shaken down.
5. Demonstrate the location of the pulse.
6. Identify how long the respirations are counted.
7. Define blood pressure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Thermometers - oral and rectal
2. Watch with second hand
3. Tissue
4. Disposable thermometer
5. Electronic thermometer
6. Lubricating jelly
7. Mercury-gravity blood pressure apparatus
8. Aneroid blood pressure apparatus
9. Stethoscope
10. HO 1: Common Thermometers
11. HO 2: To Take a Blood Pressure
12. HO 3: Assessing Vital Functions Accurately
13. HO 4: Thermometer Sheath

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Brooks, Lucy. The Nurse Assistant. Albany, NY: Delmar Publishers, 1978, pp. 24-39.

Hospital Research and Educational Trust. Being a Nursing Aide. 2nd ed. Bowie, MD: Robert Brady Co., 1978.

Reese, Dorothy Erickson. How to be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1976, pp. 53-60, 109-110.

INTRODUCTION:

Vital signs include temperature, pulse, respiration, and blood pressure. The developmental assistant must know the procedure for taking vital signs and be accurate at all times. If you are ever in doubt as to a reading of any vital sign, check with the supervisor. You will learn all about the procedures in this lesson. The following lessons will show you how to perform them.

LESSON PLAN: 30

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-30

OUTLINE: (Key Points)

I. Thermometer

- A. An instrument used to measure the heat in a person's body
- B. Hollow glass tube with two flat surfaces and one rounded surface
- C. Two flat surfaces form an edge.
- D. Marks on the upper edge match with the numbers on the lower edge.
- E. One end has a narrow silver bulb.
- F. Bulb and the center of the thermometer contain mercury.

II. Reading a thermometer

- A. Each mark is two-tenths of a degree.
- B. Two-tenths means the same whether it is written 2/10 or 0.2.
- C. When recording temperatures, a whole number with two-tenths is written 98.2°.
- D. A whole number occurs at every fifth mark and represents a whole degree.

III. Locating the mercury

- A. Hold thermometer at the glass end - **never at the bulb end.**
- B. Do not put your fingers any other place on a clean thermometer.
- C. Stand with your back to the light.
- D. Hold thermometer at eye level and rotate thermometer slightly back and forth until the mercury is seen.

IV. Shaking down the thermometer

- A. Hold the thermometer as previously stated.
- B. Grasp thermometer securely with first two fingers and thumb.

- C. Stand in an area free of objects.
 - D. Raise hand.
 - E. Move wrist downward with a quick snapping movement.
 - F. Repeat procedure until the mercury is below 95°.
- V. Applying a thermometer sheath
- A. Sanitary plastic covers may be used to cover thermometers in some facilities
 - B. The bulb end of the thermometer is placed into the sheath where indicated on the wrapper.
 - C. The opposite ends of the wrapper are pulled back to expose the thermometer in the plastic wrapper.
 - D. The sheath should be removed before the thermometer is read.
- VI. Three ways of taking temperature
- A. Oral
 - 1. Mercury end of thermometer must be under the tongue.
 - 2. Never done on confused or unconscious resident or one who cannot keep mouth closed
 - 3. Taken for three to five minutes
 - 4. If resident has had any hot or cold drink, wait 10 minutes before taking temperature.
 - 5. Instruct resident not to bite on thermometer.
 - B. Rectal
 - 1. Most accurate method of measuring temperature.
 - 2. Used for all unconscious patients
 - 3. May be used for critically ill, depressed, delirious or mouth breathing resident.
 - 4. Check to see that thermometer is not broken before inserting.
 - 5. Resident should not be left alone during procedure.
 - 6. Thermometer must be held in place entire time it is in the rectum.
 - 7. Taken for five minutes

8. Rectal temperature is usually 1° higher than oral temperature.

C. Axillary

1. Used when resident can't hold lips closed, has a mouth disease, or a rectal temperature is impossible.
2. Ten to twelve minutes must be allowed for the temperature to register.
3. Axillary temperature is usually 1° lower than oral temperature.

(NOTE: The length of time for taking temperatures may vary among facilities.

VI. Pulse

- A. Pulse rate indicates the number of times the heart beats in a minute.
- B. The pulse can be affected by such things as activity, excitement, and illness.
- C. The pulse indicates how well the blood is circulating through the body.
- D. It is routine to take a resident's pulse and respiration along with taking the temperature.
- E. Fingers must be gently pressed on the artery.
- F. Pulse rate of 60 or less, or 100 or more, per minute should be reported to the supervisor immediately.
- G. The radial pulse is the one most commonly used to count the pulse, because it is convenient, being located in the wrist at the base of the thumb.
- H. The pulse cannot be felt if the resident is holding anything tightly in his/her hand or has the fist clenched.
- I. If the resident is lying down, position the arm at the side or across the chest.
- J. Do not take the pulse with your thumb; use your first three fingers.
- K. Note if the beat is regular or irregular.
- L. Do not record the pulse immediately; keep number in mind and continue holding the resident's hand until you have counted the respirations.

VII. Respiration

- A. One breath or respiration includes breathing in and breathing out.
- B. To count respiration, you must be able to see or feel the chest rise and fall.

- C. Count the respirations for one full minute without the resident being aware that you are counting respirations.
- D. Always note the strength of each respiration and any difficulty the resident has breathing.
- E. Report a respiration rate of under 12 or over 22.
- F. The normal respiration rate is 16 to 20 per minute.

VIII. Blood pressure

- A. The blood pressure reading measures the force of blood pushing against the walls of the arteries.
- B. Changes in blood pressure are caused by such things as exercise, aging, emotional stress, and loss of blood.

IX. Parts of the blood pressure apparatus

- A. Two types
 - 1. Mercury-gravity type
 - 2. Aneroid type
- B. Both have a gauge, a cuff, and a rubber air bulb with a control valve.
- C. The mercury type apparatus must be placed on a stable, level surface.
- D. The rubber air bulb of both types is squeezed to pump air into the cuff.
- E. The control valve of both types is part of the bulb and helps to release the air.

X. Stethoscope

- A. Used to hear the sounds of the pulse.
- B. One end has a disk or bell.

XI. Understanding blood pressure readings

- A. The gauge tells the pressure level in the blood vessels.
- B. When the heart beats, blood is forced out of the heart.
- C. Blood pressure is the highest when blood is forced out of the heart.
- D. The number showing the highest pressure is found when the air in the inflated cuff is slowly released.
- E. The first rhythmic beat heard is matched with the number on the gauge.

- F. This is the top number of a blood pressure reading.
- G. Normal top reading may range from 100 to 140 millimeters.
- H. When the heart rests between beats, blood returns to the heart.
- I. This is when the pressure in the blood vessels is the lowest.
- J. As the cuff continues to be deflated, the sound of the pulse beat will disappear.
- K. The last rhythmic beat to be heard is matched with the number on the gauge.
- L. This is the bottom number of a blood pressure reading.
- M. Normal range of bottom number is 60 to 90 millimeters.

XII. Reading the gauge

- A. Each mark on the gauge of the blood pressure apparatus is two millimeters.
- B. Every fifth mark is indicated by an even number.
- C. The large even numbers are the most important to remember.
- D. Example of a blood pressure reading is 120/80 and is described as "120 over 80."

XIII. Summary and conclusion

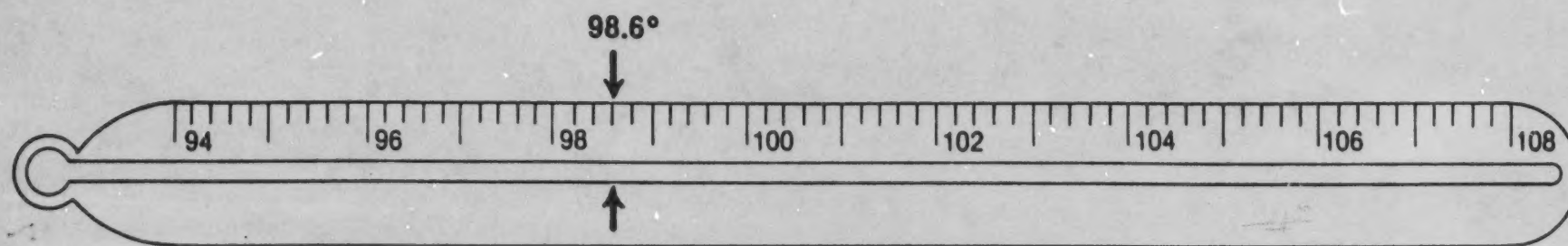
- A. Thermometer
- B. Reading a thermometer
- C. Locating the mercury
- D. Shaking down the thermometer
- E. Applying a thermometer sheath
- F. Three ways of taking temperature
- G. Pulse
- H. Respiration
- I. Blood pressure
- J. Parts of the blood pressure apparatus
- K. Stethoscope
- L. Understanding blood pressure readings

M. Reading the gauge

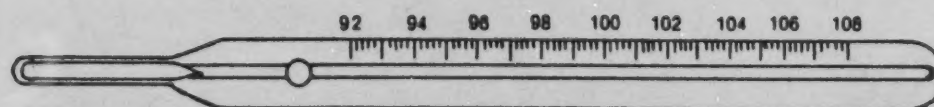
This lesson has provided information about measuring temperature, pulse, respiration and blood pressure. You are now ready to learn the steps of these procedures.

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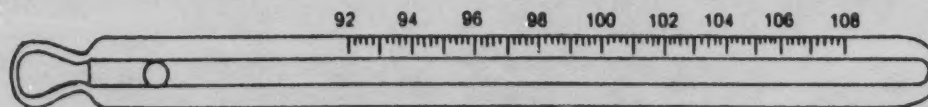
Common Thermometers



Standard Fahrenheit Thermometer



Oral Thermometer



Rectal Thermometer

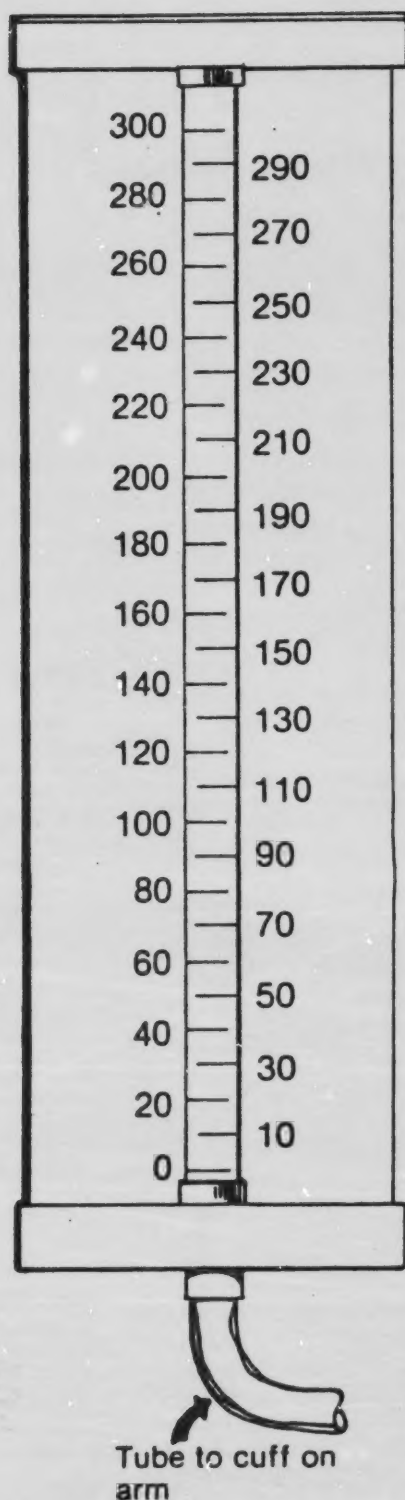
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HO 1

To Take A Blood Pressure



Open thumb screw of valve...
let air out gradually...

Watch gauge carefully

Listen for first clear
sound...

This sound gives the
reading for:

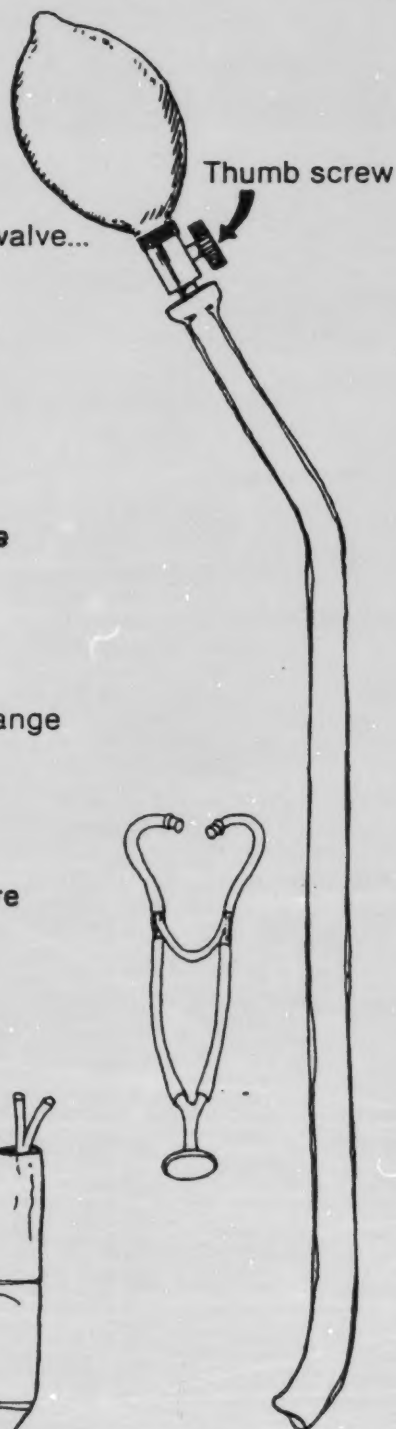
Systolic Pressure

Allow air to continue
to escape slowly.

Listen carefully for change
in the sound of a soft
muffled thump.

This sound gives the
reading for:

Diastolic Pressure



Assessing Vital Functions Accurately

HO 3

Normal Beats



Premature Beats

Irregular Pulse



Pauses

Intermittent Pulse



Tachycardia

Rate 160 beats/minute



Bradycardia

Rate 50 beats/minute

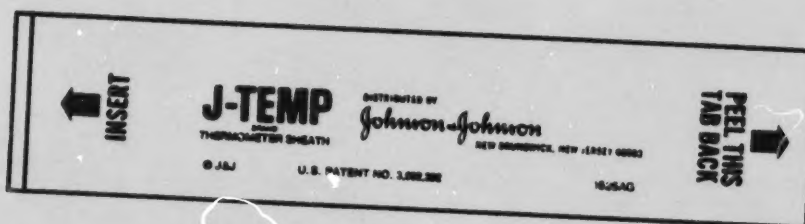


Chaotic Pulse

Irregular Pulse



Thermometer Sheath



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LESSON PLAN: 30

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-30

INTERACTION ITEMS: (Review Items)

1. What part of a degree is represented by each mark on a thermometer?
2. How do you hold a thermometer?
3. At what level is the thermometer held to see the mercury?
4. To what degree is a thermometer shaken down?
5. How is a thermometer sheath applied?
6. When is a rectal temperature taken?
7. How does the rectal temperature reading compare to an oral one?
8. How long does it take to take an axillary temperature?
9. How does an axillary temperature reading compare to an oral one?
10. How long do you count respirations?
11. What is the correct definition of blood pressure?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Each student demonstrates the location of the pulse.
2. Each student locates the mercury in a thermometer and identifies the degree marks.
3. Each student practices shaking down the mercury in the thermometer.
4. Each student puts a thermometer sheath on a thermometer.
5. Each student practices watching the chest of another student rise and fall.
6. Instructor demonstrates the parts of a blood pressure apparatus and stethoscope.
7. Conduct class discussion of understanding blood pressure readings.
8. Each student practices taking the blood pressure of another student.

LESSON PLAN: 30

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

ANSWERS TO EVALUATION ITEMS

1. The part of a degree represented by each mark on a thermometer is two-tenths.
2. A thermometer should only be held at the glass end.
3. The level at which the thermometer is held is to see the mercury is eye level.
4. The degree to which the mercury in a thermometer is shook down is 95° F.
5. Respirations are counted for one minute.
6. Blood pressure reading is defined as a measure of the force of blood pushing against the walls of the blood vessels.

LESSON PLAN: 31

DMH Code 43201

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

DEMONSTRATION LESSON: III-31

OBTAIN TPR
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Accurately measure temperature - oral, rectal, and axillary.
2. Take pulse and respiration according to the steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Thermometers - rectal and oral
2. Tissue wipes
3. Pad and pencil
4. Watch with a second hand
5. Lubricant
6. HO 1: Reading a Thermometer
7. HO 2: Sites for Taking a Pulse
8. HO 3: Assignment sheet - Sites for Taking Pulse

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Brooks, Lucy. The Nurse Assistant. Albany, NY: Delmar Publishers, 1978, pp. 28-29.

Reese, Dorothy Erickson. How to be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1976, pp. 54-59.

INTRODUCTION:

You have just learned all about taking vital signs. Temperature, pulse and respiration are three important items in taking vital signs. This lesson will show you how to take either an oral, rectal or axillary temperature, pulse, and respiration of a resident.

LESSON PLAN: 31

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-31

TOOLS, MATERIALS, AND EQUIPMENT

Thermometers - rectal and oral
Tissue wipes
Pad and pencil
Watch with a second hand
Lubricant

STEPS OF PROCEDURE:

Oral temperature

1. Wash hands.
2. Gather equipment.
3. Identify and greet resident; identify self.
4. Inform resident of procedure.
5. Seat or recline resident for procedure.
6. Remove thermometer from solution.
(NOTE: Hold by glass end - not by bulb end.)
7. Rinse thermometer in cool water. Dry it with a tissue, wiping up from bulb end with a twisting motion.
8. Check level of mercury.
9. Shake thermometer to 95°F or below.
10. Insert thermometer under tongue.
11. Instruct resident to keep mouth closed but not to bite on thermometer.
12. Rest resident's arm across his/her chest for ease in observing rise and fall of chest cavity during respiration.
13. Place finger tips on wrist at the base of the thumb over the radial artery.
14. Count pulse for one full minute.

15. Count respirations for one full minute still holding wrist as if you were counting pulse.
16. Note any abnormal characteristics of either pulse or respiration.
17. Recount either pulse or respiration if you are unsure.
18. Record pulse and respiration on pad.
19. Remove thermometer after three to five minutes.
20. Using tissue wipes, wipe thermometer from top to the bulb end.
21. Hold thermometer at eye level to read.
22. Record temperature reading on pad.
23. Return thermometer to container for dirty thermometers.
24. Record TPR on chart.
25. Report findings to supervisor.

Rectal temperature

1. Follow steps 1-9 in Section I.
2. Screen resident for privacy.
(NOTE: A rectal thermometer must be used.)
3. Lubricate thermometer.
4. Turn resident on side and expose buttocks.
5. Raise upper buttock to expose anus.
6. Insert thermometer one and one-half to two inches and hold in place.
7. After five minutes, remove thermometer.
8. Follow steps 20-23 in Section I.
9. Pulse and respiration may be taken as in oral temperature procedure while the assistant is holding the thermometer in place.

Axillary temperature

1. Follow steps 1-9 in Section I.
2. Wipe axillary area dry.
3. Place thermometer well under patient's arm and then place arm across chest.

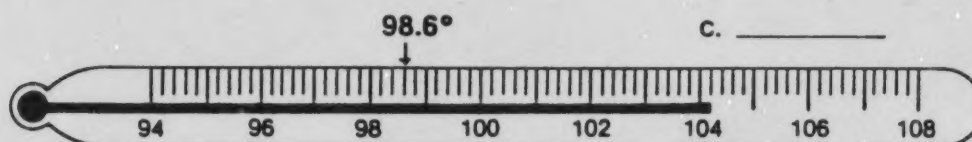
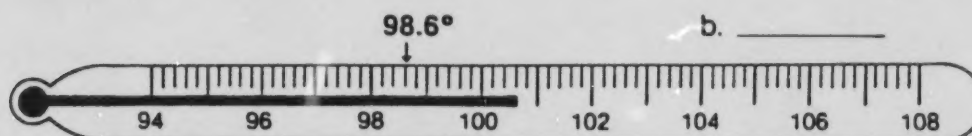
4. Remove the thermometer after 10 minutes.
5. Follow steps 20-23 in Section I.
6. Pulse and respiration may be taken as in oral temperature procedure while the thermometer is being held in place.

Summary and conclusion

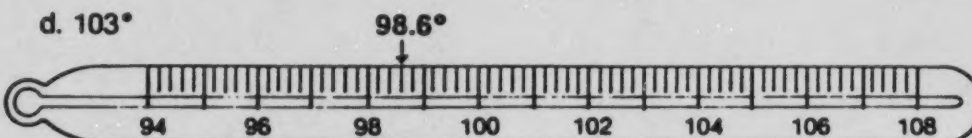
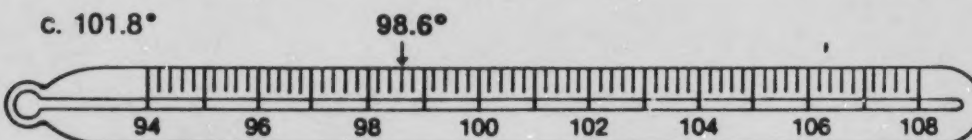
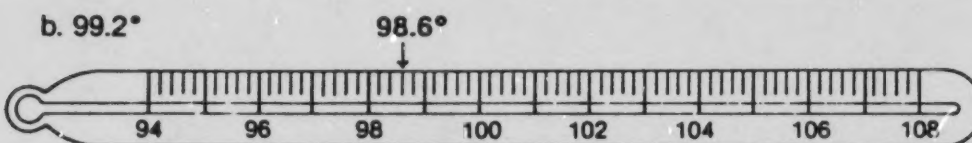
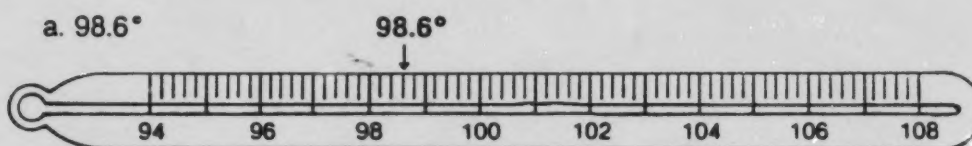
1. Ask Interaction Items 1-12.
2. Review steps of procedure.
3. When you have completed study of the steps of the procedure you will practice on each other in the classroom-laboratory or on a resident in the health care facility under the direct supervision of a clinical instructor.

Reading a Thermometer

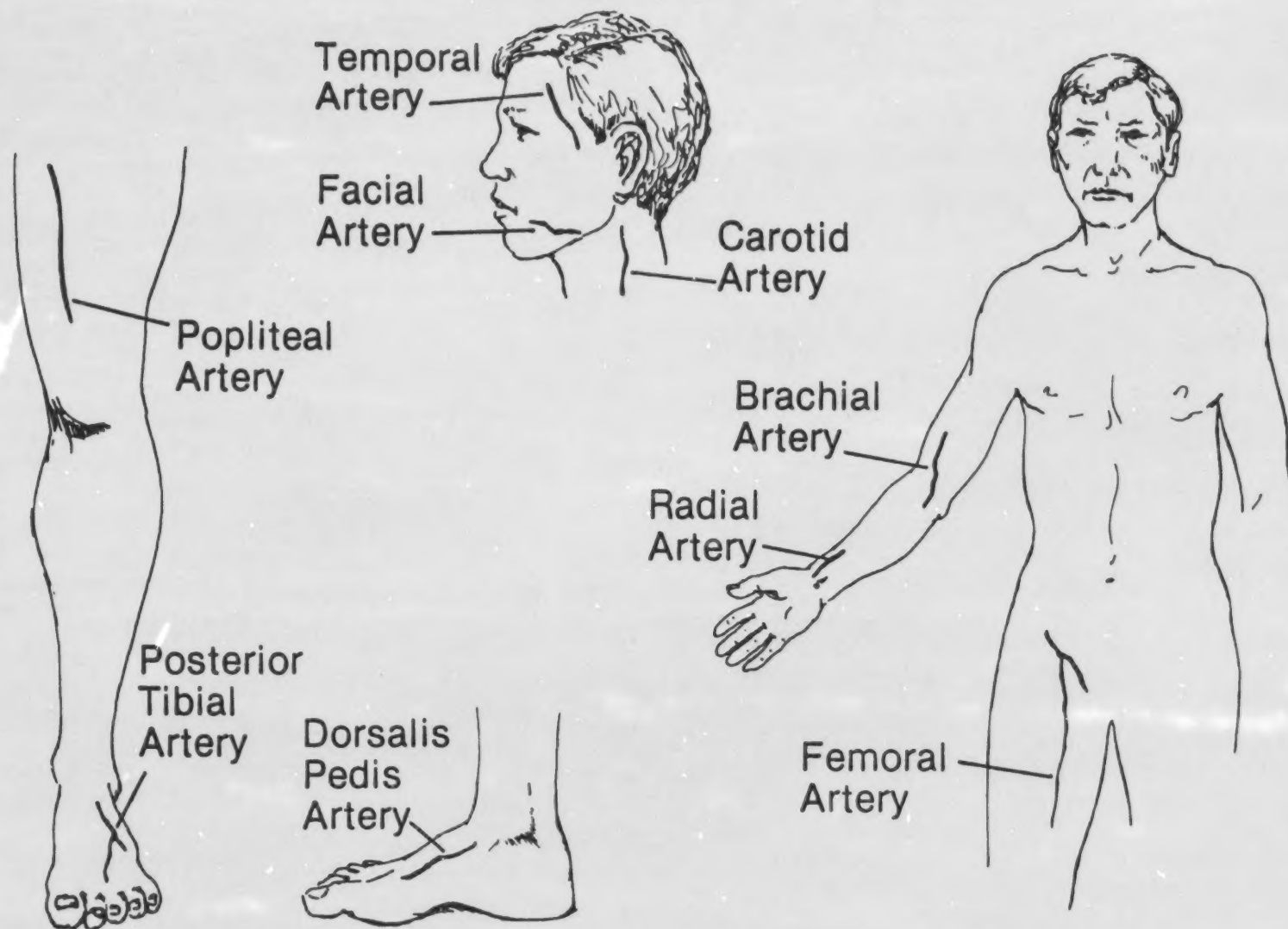
1. Write the readings on these thermometers in the blanks to the right.



2. Mark the temperature readings on these thermometers.



Sites For Taking A Pulse



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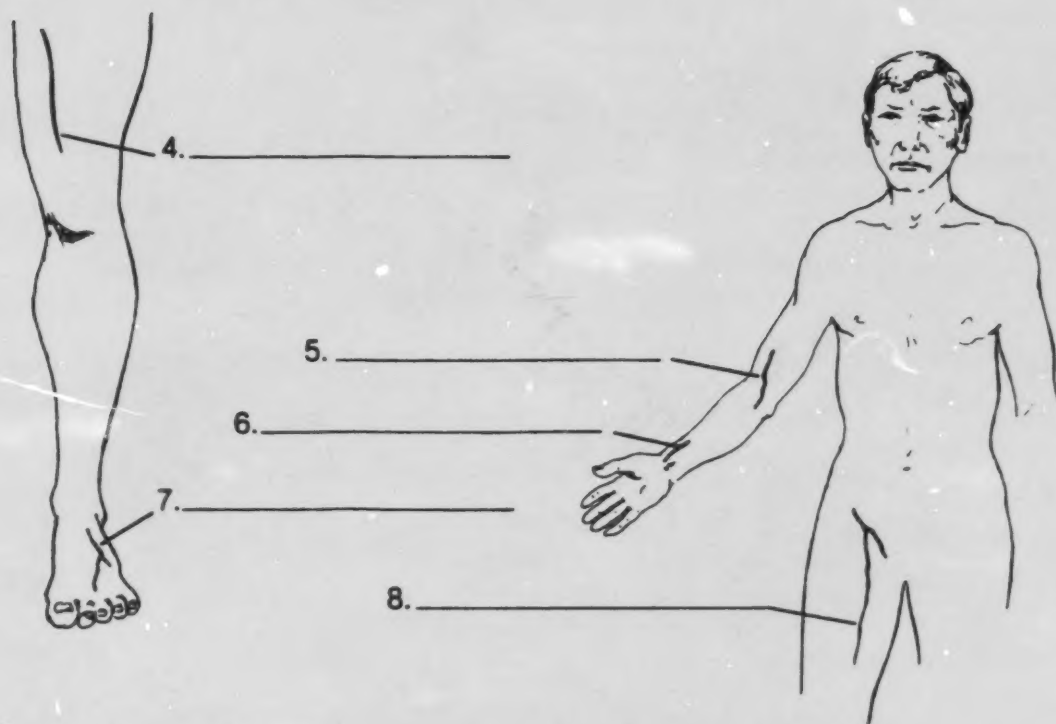
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HO2

Assignment Sheet --Sites for Taking Pulse

Directions: Label following pulse sites.



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LESSON PLAN: 31

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-31

INTERACTION ITEMS: (Review Items)

1. What position should the resident be in when having their oral temperature, pulse, and respiration taken?
2. To what temperature is the thermometer shaken down?
3. Where are the fingers placed in taking the pulse?
4. Why is the resident's arm placed across his/her chest?
5. How long is the pulse counted?
6. How long is respiration counted?
7. How long is the oral thermometer left in place?
8. Which way is the thermometer wiped?
9. In what position should the resident be placed when taking a rectal temperature?
10. How far is the rectal temperature inserted?
11. How long is the rectal thermometer left in place?
12. How long is the axillary thermometer left in place?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Students take each other's TPR.
2. Students practice inserting rectal thermometer on Mrs. Chase Mannequin.
3. Complete handouts on reading a thermometer and sites for taking pulse.

LESSON PLAN: 31

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-31

EVALUATION ITEMS:

NAME OF STUDENT: _____

OBTAIN TPR

Equipment:

1. Thermometers - rectal and oral
2. Tissue wipes
3. Pad and pencil
4. Watch with a second hand
5. Lubricant

<u>Did the student:</u>	Yes	No
Oral Temperature		
1. Wash hands. _____		
2. Gather equipment. _____		
3. Identify and greet resident; identify self. _____		
4. Inform resident of procedure. _____		
5. Seat or recline resident for procedure. _____		
6. Remove thermometer from solution. _____		
(NOTE: Hold by glass end - not by bulb end.)		
7. Rinse thermometer in cool water. Dry it with a tissue, wiping up from the bulb end with a twisting motion. _____		
8. Check level of mercury. _____		
9. Shake thermometer to 95°F or below. _____		
10. Insert thermometer under tongue. _____		

Did the student:	Yes	No
11. Instruct resident to keep mouth closed but not to bite on thermometer. _____		
12. Rest resident's arm across his/her chest for ease in observing rise and fall of chest cavity during respiration. _____		
13. Place finger tips on wrist at the base of the thumb over the radial artery. _____		
14. Count pulse for one full minute. _____		
15. Count respirations for one full minute still holding wrist as if you were counting pulse. _____		
16. Note any abnormal characteristics of either pulse or respiration. _____		
17. Recount either pulse or respiration if you are unsure. _____		
18. Record pulse and respiration on pad. _____		
19. Remove thermometer after three to five minutes. _____		
20. Using tissue wipe, wipe thermometer from top to the bulb end. _____		
21. Hold thermometer at eye level to read. _____		
22. Record temperature reading on pad. _____		
23. Return thermometer to container for dirty thermometers. _____		
24. Record TPR on chart. _____		
25. Report findings to supervisor. _____		
Rectal temperature		
1. Follow steps 1-9 in Section I. _____		
2. Screen resident for privacy. _____		
(NOTE: A rectal thermometer must be used.)		
3. Lubricate thermometer. _____		
4. Turn resident on side and expose buttocks. _____		

Did the student:		Yes	No
5.	Raise upper buttock to expose anus. _____		
6.	Insert thermometer one and one-half to two inches and hold in place. _____		
7.	After five minutes, remove thermometer. _____		
8.	Follow steps 20-23 in Section I. _____		
9.	Pulse and respiration may be taken as in oral temperature procedure while the assistant is holding the thermometer in place. _____		
Axillary temperature			
1.	Follow steps 1-9 in Section I. _____		
2.	Wipe axillary area dry. _____		
3.	Place thermometer well under patient's arm and then place arm across chest. _____		
4.	Remove the thermometer after 10 minutes. _____		
5.	Follow steps 20-23 in Section I. _____		
6.	Pulse and respiration may be taken as in oral temperature procedure while the thermometer is being held in place. _____		

The student has satisfactorily completed the procedure "TAKE TEMPERATURE, PULSE, AND RESPIRATION (TPR)" according to the steps outlined.

Yes ____ No ____

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

LESSON PLAN: 32

DMH Code 43202

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

DEMONSTRATION LESSON: III-32

MEASURE A BLOOD PRESSURE
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Measure a blood pressure according to steps of procedure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Sphygmomanometer
2. Stethoscope
3. Note pad and pencil
4. Alcohol sponges
5. Film: "Practice Blood Pressure Readings" (Missouri Division of Health)
6. HO 1: Reading a Mercury Sphygmomanometer
7. HO 2: Reading an Aneroid Sphygmomanometer

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Reese, Dorothy Erickson. How to be a Nurse's Aide in a Nursing Home. Washington, DC: American Health Care Association, 1976, pp. 109-110.

INTRODUCTION:

The previous lesson was on TPR. This lesson is measuring a blood pressure. Remember that any distracting noise or conversation will make blood pressure sounds difficult to hear and it is important to be accurate.

LESSON PLAN: 32

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-32

TOOLS, MATERIALS, AND EQUIPMENT

Sphygmomanometer
Stethoscope
Note pad and pencil
Alcohol sponges

STEPS OF PROCEDURE:

1. Assemble equipment and clean the earpieces with an alcohol sponge.
2. Identify and greet resident; identify self.
3. Explain procedure.
4. Position resident seated or reclining with the entire lower arm on a flat surface, palm upward.
5. Expose the arm as much as possible.
6. Place the sphygmomanometer on a level with your eyes and the resident's heart.
7. Wrap sphygmomanometer cuff snugly around the upper arm with tubes in the fold of the elbow and about one inch above the elbow.
8. Put on the stethoscope with the earpieces curving forward.
9. Palpate the pulse of the brachial artery and place the stethoscope over the spot where you feel the strongest pulsations. Make firm skin contact.
10. Hold the pressure bulb in the right hand and the stethoscope bell in the left fingers.
11. Tighten thumbscrew on the pressure bulb and inflate the cuff until the pulse cannot be heard, usually to 200 mm.
12. Loosen the thumbscrew slightly, allowing the air to escape slowly. Watch the mercury column carefully and listen for the readings.
13. Systolic reading - onset of distinct, sharp, tapping sound
14. Diastolic reading - sound disappears
15. Remember the systolic and diastolic readings.
16. If in doubt, take a second reading. Allow the gauge to return to zero; wait 15 seconds; then repeat the procedure.

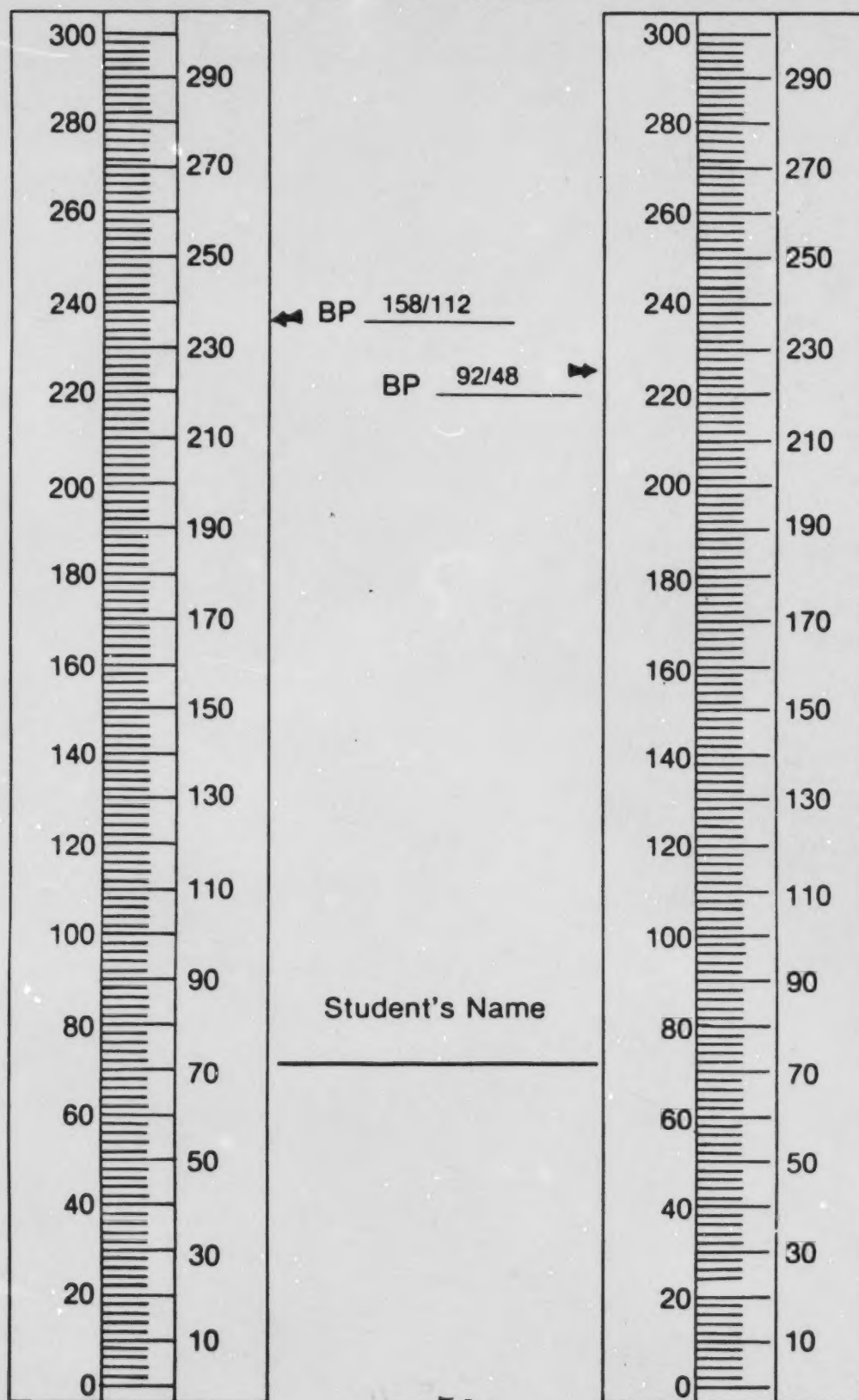
17. Jot down reading on note pad.
18. Remove cuff and make resident comfortable.
19. Deflate the cuff, fold, and store neatly. Do not allow tubing to kink.
20. Clean stethoscope bell and earpieces with alcohol sponges to prevent the spread of infection.
21. Record date, time, blood pressure reading, site and position.

Summary and conclusion

1. Ask Interaction Items 1-7.
2. Review steps of procedure.
3. When you have completed study of the steps of procedure you will practice on each other in the classroom-laboratory or on a resident in the health care facility under the direct supervision of a clinical instructor.

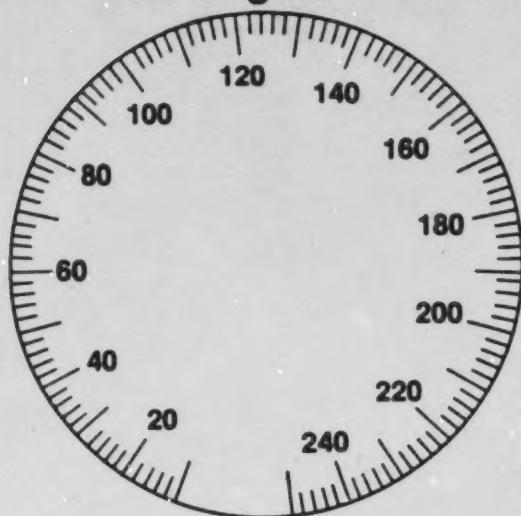
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Reading a Mercury Sphygmomanometer

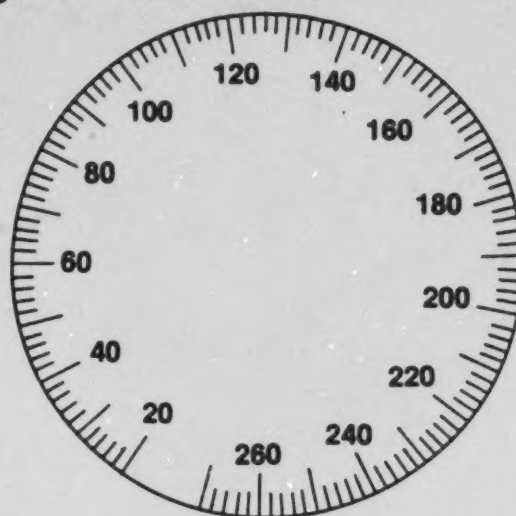


Reading an Aneroid Sphygmomanometer

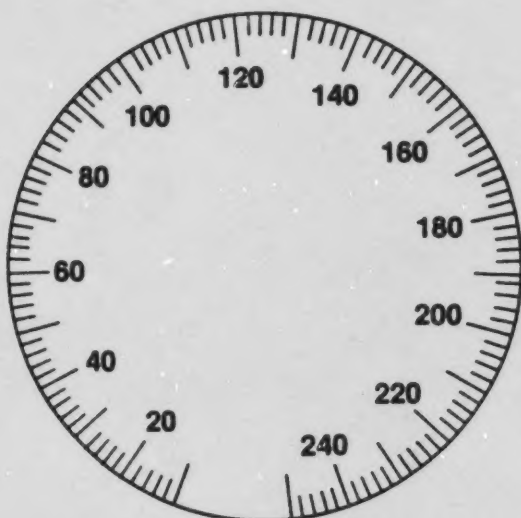
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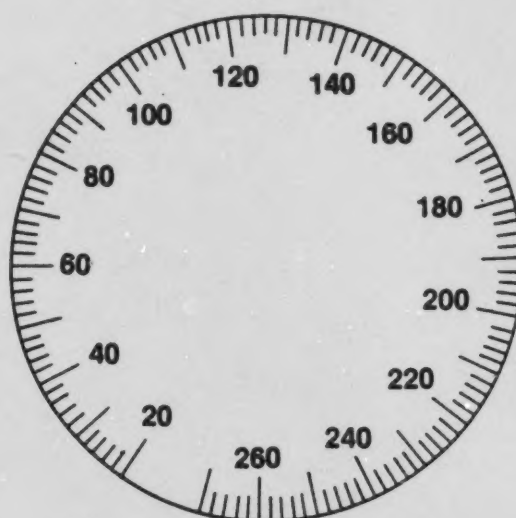
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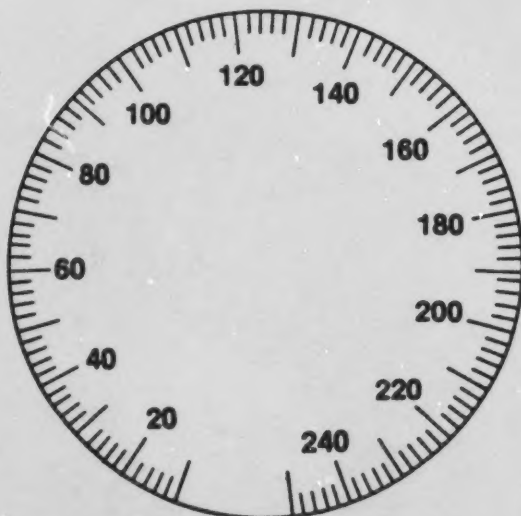
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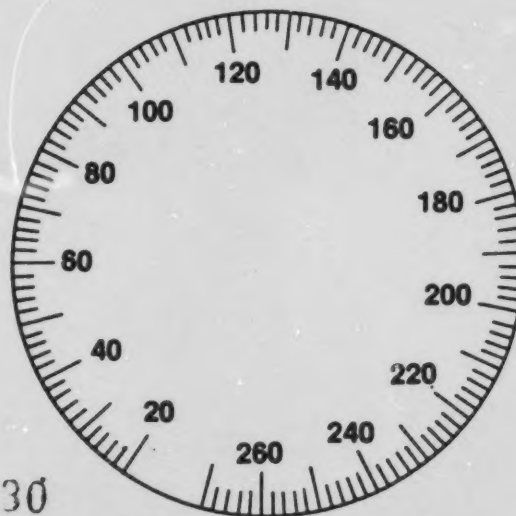
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LESSON PLAN: 32

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-32

INTERACTION ITEMS: (Review Items)

1. In what position should the resident be when having his/her blood pressure taken?
2. Where should the sphygmomanometer be placed?
3. Where is the cuff placed on the resident's arm?
4. How far up do you pump the mercury?
5. What is the first sound heard?
6. What is the second sound heard?
7. With what is the stethoscope cleaned?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Have students practice taking each other's blood pressure.
2. Have students record blood pressure in the following manner: B/P = Systolic pressure/diastolic pressure. Sample: B/P = 120/80.
3. Complete handouts on reading a sphygmomanometer.

LESSON PLAN: 32

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

DEMONSTRATION LESSON: III-32

EVALUATION ITEMS:

NAME OF STUDENT: _____

MEASURE A BLOOD PRESSURE

Equipment:

1. Sphygmomanometer
2. Stethoscope
3. Note pad and pencil
4. Alcohol sponges

Did the student:	Yes	No
1. Assemble equipment and clean the earpieces with an alcohol sponge. _____		
2. Identify and greet resident; identify self. _____		
3. Explain procedure. _____		
4. Position resident seated or reclining with the entire lower arm on a flat surface, palm upward. _____		
5. Expose the arm as much as possible. _____		
6. Place the sphygmomanometer on a level with your eyes and the resident's heart. _____		
7. Wrap sphygmomanometer cuff snugly around the upper arm with tubes in the fold of the elbow and about one inch above the elbow. _____		
8. Put on the stethoscope with the earpieces curving forward. _____		
9. Palpate the pulse of the brachial artery and place the stethoscope over the spot where you feel the strongest pulsations. Make firm skin contact. _____		

Did the student:	Yes	No
10. Hold the pressure bulb in the right hand and the stethoscope bell in the left fingers. _____		
11. Tighten thumbscrew on the pressure bulb and inflate the cuff until the pulse cannot be heard, usually to 200 mm. _____		
12. Loosen the thumbscrew slightly, allowing the air to escape slowly. Watch the mercury column carefully and listen for the readings. _____		
13. <u>Systolic reading</u> - onset of distinct, sharp, tapping sound. _____		
14. <u>Diastolic reading</u> - sound disappears. _____		
15. Remember the systolic and diastolic readings. _____		
16. If in doubt, take a second reading. Allow the gauge to return to zero; wait 15 seconds; then repeat the procedure. _____		
17. Jot down reading on note pad. _____		
18. Remove cuff and make resident comfortable. _____		
19. Deflate the cuff, fold, and store neatly. Do not allow tubing to kink. _____		
20. Clean stethoscope bell and earpieces with alcohol sponges to prevent the spread of infection. _____		
21. Record date, time, blood pressure reading, site and position. _____		

The student has satisfactorily completed the procedure "MEASURE A BLOOD PRESSURE" according to the steps outlined.

Yes ____ No ____

Instructor's Signature
(Verifying Satisfactory Completion)

(Date)

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LESSON PLAN: 33

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

INFORMATION TOPIC: III-33

PREPARING THE RESIDENT FOR PHYSICAL EXAMS AND LABORATORY TESTS
(Lesson Title)

LESSON OBJECTIVE -THE STUDENT SHOULD BE ABLE TO:

1. State six guidelines to follow when preparing the resident for physical exams and laboratory tests.
2. State nine guidelines for assisting with a physical exam.
3. Describe how you would measure the resident's height and weight.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Weigh and Measure Resident
2. Facility nursing procedure manual

INFORMATIONAL ASSIGNMENT:

REFERENCES: (BIBLIOGRAPHY DATA)

Lewis, L. W. Fundamental Skills in Patient Care. 2nd ed. Philadelphia: J. B. Lippincott, 1980, pp. 108-121.

Suddarth, D. and Brunner, L. The Lippincott Manual of Nursing Practice. Philadelphia: J. B. Lippincott Co., 1982, pp. 18-50.

INTRODUCTION: (Set Induction: To Prepare Students For The Lesson)

At some point in your career as a developmental trainee, you will be called upon to assist in preparing the resident for physical exams, lab tests and/or special tests. You will also be asked to collect different kinds of specimens. In this lesson, guidelines for assisting in these activities will be discussed.

LESSON PLAN: 33

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-33

OUTLINE:

- I. Guidelines for preparing the resident for physical exams and laboratory tests
 - A. Explain the procedure to the resident.
 - B. Take TPR and measure BP before the exam.
 - C. Encourage the resident to use the bathroom before the exam begins.
 - D. Prepare the treatment room.
 1. Place fresh paper on the examining table.
 2. Lay out a sheet for draping the resident.
 3. Lay out necessary equipment.
 - E. Escort resident to where exam will be done.
 - F. Follow the physician's orders when preparing the resident for special exams such as x-rays and lab tests.
- II. Guideline for assisting with a physical exam
 - A. Greet the resident and explain what is going to happen.
 - B. Assist the resident in removing clothing and putting on a gown.
 - C. Drape the client.
NOTE: Do not expose the client any more than is necessary
 - D. Assist with holding the resident as necessary.
 - E. Assist in positioning the resident as instructed by the nurse and/or physician.
 - F. Take precautions to prevent resident from falling off the exam table.
 - G. Adjust lighting as instructed.
 - H. Reassure the resident throughout the procedure.
 - I. When the physician has completed the exam:

1. Assist the resident in dressing.
 2. Place fresh paper on the examining table.
 3. Throw away disposable items.
 4. Disinfect items as necessary.
 5. Put away equipment.
- III. Purpose and procedure for the collection of specimens
(Review facility policies and procedures)
- A. Sputum
 - B. Voided urine
 - C. Stool
 - D. Test urine for sugar and acetone
- IV. Guidelines for measuring height and weight
- A. Weight
 1. Have resident remove shoes.
 2. Place towel on scale.
 3. Assist the resident onto the scale.
 4. Balance the scale (the pointer should swing evenly between the top and bottom of the metal scale).
 5. Read and record the weight.
 - B. Height
 1. While on the scale, ask the resident to stand erect against the vertical bar of the scale.
 2. Adjust the arm of the scale to the top of the resident's head.
 3. Read and record the measurement.
 4. Assist the resident off the scale.

V. Summary and conclusion

- A. Guidelines for preparing the resident for physical exams and laboratory tests
- B. Guidelines for assisting with a physical exam
- C. Purpose and procedure for the collection of specimens
- D. Guidelines for measuring height and weight

In today's lesson we have discussed the role of the developmental assistant in preparing the resident for and assisting with a physical exam. The developmental assistant can be instrumental in helping the resident cope with fear and anxiety over the procedure.

WEIGH AND MEASURE RESIDENT

- I. Balancing a Scale
 - A. Scales will vary from place to place. Be sure to get proper instruction on how to balance the scale you are about to use. Balance it before you begin the procedure.
- II. Weighing the Resident With Appliances
 - A. If the resident has braces, an artificial limb, or clothing, record that the brace or clothing is included in the weight.
 - B. If the resident is in a wheelchair, use a platform scale and weigh the chair first. Then weigh the resident in the chair. From the weight of the resident and chair, subtract the weight of the chair to get the weight of the resident.
- III. Measuring a Resident in Bed
 - A. Use a tape measure.
 - B. Measure from the top of the head to the soles of the feet
- IV. Reading the Meter Stick
 - A. A meter stick is read in inches and the inches should be converted to feet to determine the resident's height.
 - B. Examples:
 1. 12 inches = 1 foot
 2. 60 inches = 5 feet
 3. 58 inches = 4 feet 10 inches
 4. $63\frac{1}{2}$ inches = 5 feet $3\frac{1}{2}$ inches

LESSON PLAN: 33

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-33

INTERACTION ITEMS: (Review Items)

1. Why is it necessary to explain the procedure to the resident?
2. Why should you encourage the resident to use the bathroom before the procedure?
3. Why is it important not to expose the resident more than is necessary?
4. How do you weigh a resident?
5. How do you measure a resident?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES:

1. Observe a physical examination and laboratory procedures.
2. Weigh and measure classmates.

LESSON PLAN: 33

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Preparing the Resident for Physical Exams and Laboratory Tests

ANSWERS TO EVALUATION ITEMS

1. State three guidelines for preparing the resident for physical exams and laboratory tests.
 - A. Explain the procedure to the resident.
 - B. Take TPR and measure BP before the exam.
 - C. Encourage the resident to use the bathroom before the exam begins.
 - D. Prepare the treatment room.
 - E. Escort resident to where exam will be done.
 - F. Follow the physician's orders when preparing the resident for special exams such as x-rays and lab tests.
2. State four guidelines for assisting with a physical exam.
 - A. Greet the resident and explain what is going to happen.
 - B. Assist the resident in removing clothing and putting on a gown.
 - C. Drape the resident.

NOTE: Do not expose the resident any more than is necessary.
 - D. Assist with holding the resident as necessary.
 - E. Assist in positioning the resident as instructed by the nurse and/or physician.
 - F. Take precautions to prevent resident from falling off the exam table.
 - G. Adjust lighting as instructed.
 - H. Reassure the resident throughout the procedure.
 - I. When the physician has completed the exam:

1. Assist the resident in dressing.
 2. Place fresh paper on the examining table.
 3. Throw away disposable items.
 4. Disinfect items as necessary.
 5. Put away equipment.
3. Describe how you would weigh a resident.
1. Have resident remove shoes.
 2. Place towel on scale.
 3. Assist the resident onto the scale.
 4. Balance the scale (the pointer should swing evenly between the top and bottom of the metal scale).
 5. Read and record the weight.
4. Describe how you would measure a resident's height.
1. While on the scale, ask the resident to stand erect against the vertical bar of the scale.
 2. Adjust the arm of the scale to the top of the resident's head.
 3. Read and record the measurement.
 4. Assist the resident off the scale.

LESSON PLAN: 34COURSE TITLE: Basic Paraprofessional TrainingUNIT III : Health Care

SCOPE OF UNIT:

This unit is designed to teach the student basic health care procedures. Emphasis will be placed on procedures such as measuring vital signs, giving baths, assisting with oral hygiene, assisting with eating, and reporting and recording. Other topics include body mechanics, first aid, and handwashing.

INFORMATION TOPIC: III-34

BASIC FIRST AID
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. List seven emergency actions to guide you until medical help arrives.
2. State the basic first aid measures you would use in the following situations:
 - a. Abrasion
 - b. Bruise
 - c. Laceration
 - d. Hemorrhage
 - e. Nosebleed
 - f. Burns and scalds
 - g. Poisoning by mouth
 - h. Shock
 - i. Sprain
 - j. Convulsions/seizures
 - k. Fainting and unconsciousness
 - l. Fractures
 - m. Bites and/or stings
 - n. Overexposure to heat and/or sun
 - o. Head injury

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

None

INFORMATIONAL ASSIGNMENT

None

REFERENCES: (Instructor's Additional Information)

Facility policies and procedures regarding first aid measures.

INTRODUCTION:

As a DA I, it is very probable that you will be faced with an emergency medical situation in which you must initiate first aid measures. During an emergency situation, it is important that you remain calm and plan your actions. A few seconds of planning can make a great difference in the welfare of the resident. You must also remember to notify the medical unit or unit nurse no matter how minor the injury appears. Finally, it will be necessary for you to document the incident according to your facility guidelines.

LESSON PLAN: 34

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-34

OUTLINE: (Key Points)

- I. Emergency actions to guide you until medical help arrives:
 - A. Keep the injured resident in the position best suited to his/her condition or injuries. Do not let him/her get up or walk about.
 - B. Cover and keep the injured resident warm unless suffering from heat related condition.
 - C. Do not move the injured resident except to remove him/her from fire, flood, smoke, or anything that would further endanger his/her life.
 - D. Examine the injured resident to determine whether emergency action is necessary. If s/he is not in danger of bleeding to death, or is not in shock, it is better for the untrained person to leave the resident alone.
 - E. Do not give an unconscious or semi-conscious resident anything to drink.
 - F. Do not let an injured resident see his/her wounds.
 - G. Reassure the injured resident and keep him/her comfortable.
- II. Abrasion - scratched, scraped, or broken skin
 - A. Clean abrasion with soap and water to remove dirt.
 1. Wash your hands thoroughly with ordinary hand soap or mild detergent and water.
 2. Using a gauze pad or clean cloth, wash in and around the resident's wound with soap and water to remove bacteria and other foreign matter.
 3. Rinse the wound thoroughly by flushing with clean water, preferably running tap water.
 4. Blot the wound dry with a gauze pad or a clean cloth.
 - B. Apply a dry sterile Band-Aid or dressing if necessary.
- III. Bruise - injury to the tissues under the skin
 - A. Rest injured part.

- B. Apply cold compresses for half hour.
 - C. If skin is broken, treat as cut or abrasion.
- IV. Laceration - any cut or irregular tear in skin
- A. Clean wound with soap and water.
 - 1. Wash your hands thoroughly with ordinary hand soap or mild detergent and water.
 - 2. Using a gauze pad or clean cloth, wash in and around the resident's wound with soap and water to remove bacteria and other foreign matter.
 - 3. Rinse the wound thoroughly by flushing with clean water, preferably running tap water.
 - B. Blot the wound dry with sterile gauze or a clean cloth.
- V. Hemorrhage - any large loss of blood
- A. Cover wound with clean cloth and apply pressure directly over wound to control bleeding.
 - B. In an emergency, in the absence of compresses, the bare hand or fingers may be used, but only until a compress can be applied.
 - C. If blood soaks through the first compress, add additional thick layers of cloth over the first dressing applied and continue the direct hand pressure even more firmly.
- VI. Nosebleed
- A. Keep resident quiet.
 - B. Have resident in sitting position leaning forward if possible.
 - C. If the resident is unable to sit up, place him/her in a reclining position with head and shoulders raised.
 - D. Apply pressure directly at the site of bleeding by pressing the bleeding nostril toward the midline or bridge of nose.
 - E. Cold compresses may be applied to bridge of nose.
- VII. Burns and scalds
- A. Minor burns caused by heat
 - 1. If the burn is on an arm, leg, hand, or foot, the part may be immersed in cold water.

2. If the burn is on the body or face an ice cap or cold wet packs may be applied.
- B. Minor burns caused by chemicals
1. Chemical burns of the skin
 - a. Remove resident's clothing from the areas involved.
 - b. Wash away the chemical with large amounts of cool water. Use shower or hose if available.
 - c. Blot the area dry with a gauze pad or a clean cloth.
 - d. Apply a dry sterile dressing bandage.
 2. Chemical burns of the eye
 - a. As quickly as possible, wash the face, eyelids, and eye with cool water for at least 5 minutes for acid burn, 15 minutes for alkali burn (Alkali burns can be caused by drain cleaner, strong laundry detergents or other cleaning solutions and are progressive injuries.).
 - b. Turn resident's head to the affected side.
 - c. Hold the eyelids open.
 - d. Pour water from the inner corner of eye outward.
 - e. Make sure the chemical does not wash into the other eye.
 - f. Cover the eye with a dry, clean, protective dressing (do not use cotton) and bandage in place.
- C. Extensive burns
1. If clothing is adherent, leave alone.
 2. Remove clothing from burned area if not adherent.
 3. Cover burned area with clean cloth.
 4. If the hands are involved, keep them above the level of the resident's heart.
 5. Keep burned feet or legs elevated (the resident should not be allowed to walk).
 6. Have resident with face burns sit up or prop him/her up and keep under continuous observation for breathing difficulty.
 7. Keep resident warm.

8. Do not immerse extensive burns in water.

VIII. Poisoning by mouth

- A. Try to find out what poison and how much has been swallowed. Look for original container and read the contents and antidote for poisoning.
- B. Call medical department or unit nurse immediately and await their instructions.

IX. Shock

- A. Keep resident lying down flat.
- B. Cover resident only enough to keep him/her from losing body heat. The resident should not perspire.
- C. Reassure resident and keep him/her quiet.

X. Sprain

- A. Elevate the injured part.
- B. Cold applications may be applied to area to prevent excessive swelling.
- C. Immobilize the injured part.

XI. Convulsions/Seizures

- A. Prevent resident from hurting self
 1. Protect the resident's head during fall.
 2. Move resident during a seizure only if resident is in dangerous place or position.
 3. Use own body to protect resident from injuring self on hard objects
 4. Do not force anything into the resident's mouth.
 5. Do not restrict resident's movements.
- B. If resident has excessive saliva, gently turn head to side to facilitate drainage and avoid aspiration.
- C. Give nothing by mouth.
- D. Allow resident to rest.

XII. Fainting and unconsciousness:

- A. Lay resident down

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- B. Elevate feet so they are slightly higher than resident's head.
- C. Loosen tight clothing.
- D. Keep resident warm.
- E. Keep other residents away.
- F. If resident vomits roll onto side or turn head to the side.
- G. Give nothing by mouth.
- H. Examine resident for any injury resulting from fall.
- I. Do not allow resident to get up until fully recovered, then have resident rise slowly, first into a sitting position and then to feet before any attempt to walk.

XIII. Fractures

- A. Any deformity of injured part usually means a fracture.
- B. Any time there is the possibility of a broken bone do not move that part.
- C. Do not move the injured resident until a splint has been applied to the fracture. Do not apply a splint unless you have been trained in the procedure.
- D. If there is skin broken with bones exposed, cover with a clean cloth and control bleeding by direct pressure.
- E. Call the medical department or unit nurse and await instructions.

XIV. Bites and/or stings

- A. Animal bite
 - 1. Clean wound with soap and water.
 - a. Wash your hands thoroughly with ordinary hand soap or mild detergent and water.
 - b. Using a gauze pad or clean cloth, wash in and around the resident's wound with soap and water to remove bacteria and other foreign matter.
 - c. Rinse the wound thoroughly by flushing with clean water, preferably running tap water, for two or three minutes if not bleeding profusely.
 - 2. Apply sterile dressing.
 - 3. Avoid movement of the affected part until resident has been attended by a physician.

B. Insect sting

1. Apply ice or cold wet pack.
2. Do not try to remove stinger. Call medical department or unit nurse.

C. Snakebite - poisonous and nonpoisonous

1. Call medical department or unit nurse - work fast and keep calm.
2. Be prepared to describe the snake.
3. Have the resident lie down.
4. Elevate and immobilize the injured area (do not apply a tourniquet or lance the wound).
5. Reassure the resident and keep him/her quiet.
6. Cover the wound with a sterile dressing and wait for further instructions.

D. Spiderbite

1. Apply ice pack to affected area.
2. Call medical department or unit nurse.
3. Be prepared to describe or identify the spider.

XV. Overexposure to heat and/or sun

A. Sunburn

1. Remove from further exposure to the sun.
2. Call medical department or unit nurse.

B. Sunstroke - extreme exposure to sun

1. Get the resident out of the sun into a cool area.
2. Call medical department or unit nurse.
3. Apply ice bag to head.
4. Sponge body with cold water to reduce temperature.
5. Give cold water to drink if conscious.

C. Heat exhaustion - exposure to intense heat, usually indoors

1. Get resident into area with circulating air.
2. Call medical department or unit nurse.

3. Have resident lie down and elevate feet so they are slightly higher than resident's head.
4. Loosen resident's clothing.
5. Record on Observation Note for Unit File.

XVI. Head injury

- A. Keep at rest for 24 hours. Supervise and observe resident closely.
- B. Clear liquids only for 8 hours. (Kool-Aid, tea, juice, NO MILK.) Allow resident to eat and drink very little for another 15 to 24 hours.
- C. Take pulse and respiration every 2 hours for 12 hours.
- D. Check condition every 1 hour while awake and every 1 to 2 hours while asleep. See that there is a response to pinching or shaking and that the color, pulse, and breathing is normal. Awaken if uncertain of condition.
- E. Call the doctor if the following occurs:
 1. Severe headache that isn't helped with a cool, wet towel to head
 2. Vomiting more than two or three times
 3. Convulsion/seizure
 4. Complaints of weakness or inability to move one or both arms or legs
 5. Peculiar gait, stumbling
 6. Peculiar behavior
 7. Resident becomes very sleepy or is unable to be awakened easily
 8. Peculiar movements of the eyes, difficulty of focus, or one pupil much larger or different than the other
 9. Respirations less than 18 per minute
 10. Heart rate less than 80 per minute in a very young child or 70-80 in an older child or adult

XVII. Follow-up

- A. Document the incident.
 1. Incident and injury form

2. Observation notes

- B. Continue observation of the resident.
- C. Report incident to oncoming shift.

XVIII. Summary and conclusion

- A. Emergency actions to guide you until help arrives
- B. Abrasion
- C. Bruise
- D. Laceration
- E. Hemorrhage
- F. Nosebleed
- G. Burns and scalds
- H. Poisoning by mouth
- I. Shock
- J. Sprain
- K. Convulsions/seizures
- L. Fainting and unconsciousness
- M. Fractures
- N. Bites and/or stings
- O. Overexposure to heat and/or sun
- P. Head injury
- Q. Follow-up

In this lesson we have discussed basic first aid measures that can be initiated in a variety of situations. As a DA I, you may be the first one to assist the resident with an injury. Therefore, it will be necessary for you to be able to quickly recall these first aid measures.

LESSON PLAN: 34

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

INFORMATION TOPIC: III-34

INTERACTION ITEMS: (Review Items)

1. What are general emergency actions that you should be mindful of?
2. Should you encourage an unconscious person to drink fluids?
3. What would you do for a laceration?
4. Should someone with a suspected fracture be moved?
5. Should you attempt to splint a fracture if you have never been trained to do so?
6. What signs indicate that the condition of a resident with a head injury is becoming worse? What should you do?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

Discuss what you would do in the following situations:

1. A resident has come to you with lacerations on the hand. The resident said it was a dog bite. What would you do?
2. You find a resident lying unconscious on the floor. There are no apparent injuries. What would you do?
3. A resident falls out of the chair in the dining room and starts convulsing. What should you do?
4. A resident has a large reddened tender area on the hand. You suspect a spider bite. What should you do?

LESSON PLAN: 34

COURSE TITLE: Basic Paraprofessional Training

UNIT III : Health Care

ANSWERS TO EVALUATION ITEMS

- I. List four emergency actions that you would follow until medical help arrived
 - A. Keep the injured resident in the position best suited to his/her condition or injuries. Do not let him/her get up or walk about.
 - B. Cover and keep the injured resident warm unless suffering from heat related condition.
 - C. Do not move the injured resident except to remove him/her from fire, flood, smoke, or anything that would further endanger his/her life.
 - D. Examine the injured resident to determine whether emergency action is necessary. If s/he is not in danger of bleeding to death, or is not in shock, it is better for the untrained person to leave the resident alone.
 - E. Do not give an unconscious or semi-conscious resident anything to drink.
 - F. Do not let an injured resident see his/her wounds.
 - G. Reassure the injured resident and keep him/her comfortable.
2. State the basic first aid measures you would use for the following injuries:
 - a. Abrasion
Answer is outline II. Abrasion I. a-d and 2.
 - b. Hemorrhage
Answer - V. 1-3.
 - c. Nosebleed
Answer - VI. 1-5
 - d. Minor burns caused by heat
Answer - VII. 1-2
 - e. Seizure
Answer - XI. 1. a-e and 2, 3, & 4
 - f. Spiderbite
Answer - XIV. 4. a-c

LESSON PLAN: 1

DMH Code 31101

COURSE TITLE: Basic Paraprofessional Training

UNIT IV : Growth and Development

SCOPE OF UNIT:

This unit presents key concepts related to physical and sensorimotor development, intellectual, social and emotional, language, and sexual development.

INFORMATION TOPIC: IV-I

PHYSICAL AND SENSORIMOTOR DEVELOPMENT
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Identify six principles of growth and development.
2. Match the developmental pattern with the appropriate age.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Types of Play for Different Developmental Periods
2. HO 2: Developmental Patterns
3. Film projector (16 mm) and screen
4. Films (available from Missouri Division of Health):
 - a. "Individual Differences: Infancy to Early Childhood"
 - b. "Child's Play"
 - c. "The Child (Part 4): Kathy and Ian"
 - d. "The Child (Part 5): Kathy, Jimmy, and Sandy"

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Batshaw, M. L. and Perret, Y. M. Children with Handicaps. Baltimore: Paul H. Brookes, 1981, pp. 137-152.

INTRODUCTION:

In order for you to understand and deal with a resident who has developmental disabilities, it is important and necessary for you to understand the normal developmental sequence of children and adults. In this lesson, we will concentrate on the physical and sensorimotor aspects of development.

LESSON PLAN: I

COURSE TITLE: Basic Paraprofessional Training

UNIT IV : Growth and Development

INFORMATION TOPIC: IV-I

OUTLINE: (Key Points)

I. Principles of growth and development

A. Definitions

1. Growth

- a. Increase in size of an individual
- b. Progress is measured by height and weight

2. Development

- a. Acquisition of social, emotional, and psychological skills
- b. Behavioral changes include:
 - 1) Those common to all humans
 - 2) Those that are a result of culture and environment

B. Children are well endowed with qualities and abilities needed to ensure their survival and promote their development.

1. Infant

- a. Alarm system present for summoning assistance when hungry or uncomfortable
- b. Protective neuromuscular reflexes
 - 1) Coughing and sneezing
 - 2) Withdraw arms and legs from painful stimuli
 - 3) Locate and operate food supply
 - 4) React with startle reflex that tends to protect face and abdomen
 - 5) Cry for help

- c. Capable of actions which elicit and reward caretaking responses from adults

2. Children

- a. Programmed to adapt and thrive in an environment that meets them halfway

- b. Resemble one another

- 1) Physical and behavioral characteristics of each age and the changes that occur with increasing age are conspicuously similar from child to child.

- 2) It is usual for children to have physical skills and measurements, physiological characteristics and behavioral qualities that closely approximate those of age mates but differ from children of other ages.

- c. Each is unique.

- 1) Every child has his/her own unique qualities and is likely in several ways to differ from the "norm."

- 2) As children grow older and varieties in their experiences increase, they reflect their individual enrichments or deprivations in addition to their unique inborn traits and considerable differences are to be expected from child to child

- 3) Causes of deprivation

- a) Family patterns

- b) Cultural, ethnic, or racial influences

- c) Child's past history

- (1) Each child grows and develops according to his/her own pattern.

- (2) Sets up his/her own standard with growth and acquiring skills

- (3) A loss of pace with his/her own usual pattern may be more meaningful than conforming to or deviating from "norms."

C. Growth is directional.

I. Cephalocaudal

- a. Head to toe

- b. Growth, motor skill, and perhaps sensory acuteness is more advanced in the newborn at or near the head and gradually progress downward to the neck, trunk, and extremities.
 - 2. Center to periphery
 - D. Development proceeds from general to specific.
 - 1. Throwing a ball (large muscle activity) occurs before buttoning (fine motor activity).
 - 2. Varied, random voice sounds occur before speech.
 - E. Development is timely.
 - 1. The critical period is a span of time most favorable for the development of a new task.
 - 2. That task may be more difficult to master before or after the critical period.
 - F. New skills tend to predominate.
 - 1. This is particularly evident during early childhood.
 - 2. The development of a new skill may delay the onset of subsequent skills.
 - 3. Each developmental step is viewed as a necessary foundation for subsequent development.
- II. Developmental patterns
 - A. Birth to one month
 - 1. Simple reflex actions predominate
 - 2. Eyes follow persons or objects near them
 - 3. Opens and closes mouth
 - 4. Bobs head up and down
 - 5. Hands predominately closed (grasp reflex)
 - 6. Tactile senses are well developed
 - 7. Lacks muscle control
 - 8. Movements are random
 - B. Two to three months
 - 1. Enjoys sucking finger

2. Motor coordination improves
 3. Gets hand into mouth
 4. Able to hold head up
 5. Able to focus on and follow object or person with eyes
 6. Rolls over
 7. Exhibits blink reflex
 8. Cries tears
 9. Reaches out to side of body
 10. Strikes at object in attempt to grab it
 11. Smiles
 12. Makes noises
- C. Four to six months
1. Definite reaching and grasping
 2. Exploration - eyes, fingers, hands, mouth
 3. Holds head up
 4. Reaches for everything in sight
 5. Begins signs of teething
 6. Weight gain slows
 7. Sleep habits become routinized
 8. Plays with toys
 9. Makes noise/motor activity over vocal
- D. Seven to nine months
1. Muscle strength and coordination improves
 2. Creeps and crawls, pulls up and learns to stand, can't sit down - falls backward
 3. Teeth erupt - two lower incisors, two upper incisors
 4. Eats finger foods
 5. Pincer grasp

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6. Plays social games
 7. Needs mother's/father's presence
- E. Ten to twelve months
1. Begins walking
 2. Hand dominance
 3. Begins eating with spoon
 4. Birth weight tripled by 12 months
 5. Speaks few words
 6. Climbs stairs and crawls under tables or chairs
 7. Likes music
- F. Toddler (one to three years)
1. Growth slows down
 2. Gains motor control
 3. Curious - explores
 4. Desires to smell, taste, touch, and smear everything
 5. Parents no longer willingly accept his/her actions
 6. Doesn't understand need for restrictions - revolts
 7. Temper tantrums common
 8. Behavior is not consistent
 9. Exhibits negativism, or "no" attitude
 10. Seeks adult approval
 11. Has 16-20 teeth
 12. Dawdles
 13. Talks with short sentences
 14. Exhibits imitative play
 15. Has trouble sharing
 16. Easily distracted

17. Learns to take clothes off
 18. Begins dental hygiene
 19. Appetite varies
 20. Begins toilet training
 21. Begins parallel play
- G. Preschool child (three to six years)
1. Key points
 - a. Growth process slows down (doubles 1 year weight by 6 years)
 - b. Appetite fluctuates
 - c. Good muscle control
 - d. Participates in vigorous play activities
 - e. Gait resembles adult
 2. Trusting three's
 - a. Helpful - simple chores
 - b. Fewer temper tantrums
 - c. Dresses and undresses with help
 - d. Toilets - washes hands
 - e. Eats independently with better manners
 - f. Expresses thoughts and relates experiences
 - g. Imaginative and imitates
 - h. Makes friends
 - i. Romantic attachment
 - j. Identifies with parent of same sex
 - k. Has more fears because of intelligence; recognizes dangers; tests independence and experiences new situations
 - l. Masturbation common
 - m. Possessive of "belongings," toys

- n. Resents play being disturbed
- o. Sensitive and feelings hurt easily
- 3. Frustrating fours
 - a. Stormy age
 - b. More aggressive - shows off
 - c. Tattles
 - d. Uses scissors
 - e. Laces shoes
 - f. Vocabulary - 1500 words
 - g. Curiosity about other sex continues to grow
 - h. Answers questions honestly and simply
 - i. Checks anatomy of playmates
 - j. Concepts of death and dying
- 4. Fascinating fives
 - a. Comfortable age
 - b. More responsible
 - c. More patience - enjoys finishing project s/he's started
 - d. Serious about - can and can't do
 - e. Talks constantly
 - f. Accepts rules
 - g. Begins to lose deciduous teeth
 - h. Difference between dime and penny
 - i. Rides tricycle with skill
- 5. Discipline
 - a. Direct to seriousness of act and not child
 - b. Be consistent
 - c. Different rules - different houses

- d. Bad language - attention
- e. Jealousy - normal response to actual, supposed, or threatened loss of affection

H. School age child (six to nine years)

1. Key points

- a. First permanent teeth (6 year molars)
- b. Fact over fantasy
- c. Admires teachers
- d. Learns to cooperate
- e. Group activities - "gangs"
- f. Aware of parents as humans who make mistakes
- g. Conflict with information at school and home
- h. Enjoys company of friends over family
- i. Muscle coordination improves

2. Sassy six

- a. Attention span brief
- b. Has bursts of energy when overtired
- c. Bossy, rude, sensitive to criticism
- d. Active conscience
- e. Has difficulty in making decisions
- f. Role plays or models behavior
- g. Is exposed to infections in school

3. Seven years

- a. Quieter age
- b. Good sense of humor
- c. Tends to be somewhat of a tease
- d. Becomes little more modest
- e. Enjoys activity and rest periods

- f. Acquires "crush"
- g. Learns concepts - months, money, math
- h. Active play - likes games, comic books, realistic toys
- i. Increased independence

4. Eight years

- a. Wants to do everything
- b. Plays by self
- c. Group activities - fads, play with children of same sex
- d. Hero worship
- e. Competitive sports - poor loser
- f. Wrestling and dramatic play

5. Nine years

- a. Dependable
- b. More responsible in family life
- c. Accepts criticism
- d. Resists adult authority if not same as his/her ideas
- e. Manages own hygiene
- f. Hand and eye coordination well developed
- g. Likes music

I. Preadolescent - 10-12 years

- 1. Girls more physically mature than boys
- 2. Intolerant of opposite sex
- 3. More interest in appearance
- 4. Period of complete disorganization
- 5. Hormones influence physical growth
- 6. Has 24-26 permanent teeth
- 7. Preoccupied great deal of time

8. Can learn to care for clothes
9. Peer acceptance is very important

J. Adolescent (thirteen to eighteen years)

1. Secondary sex characteristics appear as sex glands begin to function
 - a. Boys
 - 1) Changes in size of genitals
 - 2) Rapid height and weight growth - broadening of chest
 - 3) Growth of pubic, axillary, facial, and chest hair
 - 4) Voice changes
 - b. Girls
 - 1) Broadening of hips and pelvis
 - 2) Growth of breasts
 - 3) Growth of pubic and axillary hair
 - 4) Onset of menses
2. Entire body is affected by hormones circulating throughout the system
 - a. Early adolescence
 - 1) Feel more comfortable with members of own sex
 - 2) Gradually begins to see opposite sex and mix - then date
 - 3) By late adolescence or young adulthood some have chosen one mate to be their partner in life
 - b. Hands and feet may grow faster than rest of body
 - c. "Awkward stage"
 - d. Emotionally - "stormy" time for both adolescent and those around him/her
 - e. One day wants to be an adult, next day acts as a child
 - f. Through all of this, is a time of recognizing "identity"
 - g. Make vital decisions that affect rest of life

- 1) Occupation
- 2) Marriage
- 3) Moral standards

K. Adulthood

1. Growth and development is complete
2. As middle age approaches, metabolism slows
 - a. Tendency towards weight gain
 - b. Tires more easily

L. Older adult

1. Aging process becomes more apparent
2. Physical changes due to aging
 - a. Lighter, more brittle bones
 - b. Muscular weakness and soreness
 - c. Stiffening of joints
 - d. Poor adjustment to environmental change
 - e. Decreased sensitivity to smell and taste
 - f. Dimmed and blurred vision
 - g. Progressive hearing loss
 - h. Thickening and hardening of blood vessels
 - i. Heart rate and volume weakens
 - j. Breathing is more difficult
 - k. Less resistant to disease and infection
 - l. Prone to constipation
 - m. Bladder tone and control weakens

III. Summary and conclusion

- A. Principles of growth and development
- B. Developmental patterns

With a basic understanding of normal growth and development patterns, you can develop a greater understanding of the residents, their functioning levels and expected behavior and skill patterns.

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TYPES OF PLAY FOR DIFFERENT DEVELOPMENTAL PERIODS

Infancy (to 2 years)

1. Play is used to encourage motor development, coordination, and speech.
2. This is the age for parallel play. The child enjoys doing the same as another child does, but likes to do it alone.
3. Examples of suitable equipment: mobiles, dolls, balls, large books, magazines, and paper, simple automobile toys.

Preschool (3-6 years)

1. Physical activity is important.
2. Play is largely imitative and dramatic. The child copies the activities of his parent, the milkman, etc.
3. S/he enjoys cooperative play in small groups.
4. S/he begins to enjoy construction rather than mere manipulation.
5. The child has a comparatively short attention span: s/he needs a wide variety of activities.
6. Examples of suitable equipment: take-apart toys, lincoln logs, puppets, books, puzzles, creative materials and simple crafts.

Middle childhood (6-10 years)

1. Mastering skills becomes important at this time.
2. Social play is also important: team and group work develop.
3. The emphasis is on mental more than physical development.
4. Imitative and dramatic play are important.
5. Girls prefer to play with girls: boys, with boys.
6. Examples of suitable equipment: more complicated games, more creative and craft skills, learning situations.

Later childhood

1. Group activities are important (gang age).
2. Intellectual achievements are emphasized.
3. It is the age when an interest in sports and hobbies is developed.
4. Examples of suitable equipment: group projects and doing things for others, games and books emphasizing knowledge of all types, finer techniques in creative and craft materials.

DEVELOPMENTAL PATTERNS

AREA	BIRTH TO THREE MONTHS	FOUR TO SIX MONTHS
Motor	- Initially, random mass movements, flexion - extension - Head control erect, bobbing - Arms being brought to midline, diminish of ATNR	- Initially, rolls side to side then to prone and to supine - Head control-good - Sits minimum support - leans on hands
Grasp Reach	- Grasp reflex - Reach is diffuse	- Initially, involuntary, ulnar grasp; voluntary, palmar grasp - Reach: Approach is bilateral, make contact with objects - Release - drops objects usually <u>involuntarily</u>
Vision	- Initially, briefly follows moving stimulus - Binocular fixation may begin - Both convergence and following movements	- Acuity 20/400 - Responds to images in mirror - Fixates on string
Feeding	- Rooting reflex begins birth and ends 3 months - Mature pattern sucking - Bite reflex begins birth and diminishing - Gag reflex begins at birth and diminishing - Tongue protrusion - Mouthing	- Tongue thrust, bite reflex, gag reflex gone - Begin cup feeding - Holds bottle - Beginning of bite, chew, and finger feeding
Receptive	- Activity ceases when auditory sound made - Attends to voice	- Turns head to familiar sounds and name - Distinguishes between friendly and angry talk
Self-Awareness	- Smiles and beginning vocalizing - Sucks on hand and thumb - Looks at hands and arms	- Hand regard - Objects taken to mouth - Beginning of imitation - cough, yawn

HO 2 (Cont)

AREA	SEVEN TO NINE MONTHS	TEN TO TWELVE MONTHS
Motor	1. Rolls supine to prone 2. Initially, gets on hands and knees and rocks 3. Pulls self to sitting changes positions without falling while sitting	1. Creeping 2. Sits alone indefinitely - good balance 3. Assumes and maintains tall kneeling 4. Walks with one hand held - wide base
Grasp Reach	1. Reach - unilateral approach approach emerging 2. Bangs objects together, shakes, pats, scratches, fingers 3. Initially, cannot release at will, drops objects 4. Lateral grasp; no opposition crude pincher grasp	1. Reach - well coordinated near objects 2. Grasp - inferior pincher opposition 3. Voluntary release - against resistance, puts cube in container 4. Cross midline beginning activities - holds crayon in contact with paper
Vision	1. Binocular fixation is established 2. Depth perception beginning	1. Fixates readily on tiny object 2. Acuity 20/200
Feeding	1. Continuation of 6 months 2. Tongue protrusion and lateral movements 3. Holds cup with 2 hands but lets go when had all wants 4. Puts hand in food to experience what it feels like	1. Picks up spoon from table 2. Chews food 3. Drooling controlled
Receptive	1. Responds to tone and inflection of voice rather than words 2. Adjust to gestures and words (bye-bye)	1. Vary behavior according to emotional reaction of others 2. Adjust to simple commands
Self-Awareness	1. Finger feeding 2. Keeps lips closed when given food that does not want 3. Respond to "NO" 4. Beginning of kinesthesia	1. Repeats a performance others have laughed at 2. Cooperates in dressing (holds out arms) 3. Mouthing virtually stopped
AREA	FIFTEEN MONTHS	EIGHTEEN MONTHS
Motor	1. Discards crawling and creeping 2. Bipedal locomotion, wide	1. Walks alone, seldom falls 2. Runs stiffly, more like a fast walk, wobbles

HO 2 (Cont)

	base, arms flexed, whole	3.	Walks upstairs with one hand held
	foot contact	4.	Walks against ball, does not kick it.
	3. Creeps up stairs		
Grasp	1. Neat and precise opposition present	1.	Child has almost complete hand control. Begins to bring prehension into practical use (self-feeding)
Reach	2. Grasp - able to grasp 2 cubes in hand. Two block tower.	2.	Turns pages 2-3 at a time
	3. Releases 6 cubes into cup. Is crude and exaggerated with increased finger extension	3.	Hold crayon with whole hand
		4.	Hurls ball, carries doll
		5.	Scribbles vertical strokes otherwise without direction
Vision	1. Shows interest in pictures		
Feeding	1. Holds cup with one hand, keeps spoon level	1.	Keeps spoon level to mouth
	2. Rotates spoon near mouth, feeds self with help when food is cut up.	2.	Feeds self - messy
Receptive	1. Understands a demand (give that to me) with gestures	1.	Identifies at least one of the following pictures (dog, cup, shoe)
		2.	Recognizes picture cannot name
		3.	Responds to simple commands
		4.	Listens to rhymes and songs and interesting repetitions of sounds for a short period. (2-3 minutes)
Self-Awareness	1. Like to take off shoes	1.	Takes off gloves, socks, and unzips
	2. Imitates domestic duties	2.	Considerable motor mimicry of people and acts
	3. Indicates wet pants	3.	Points to 2-3 body parts (primarily facial)
	4. Begins telling he/she wants to potty		
Play	1. Endless exercise of walking activities	1.	Very rapid shifts in attention especially expressed by gross motor shifts. Moves actively from place to place and gets into everything
	2. Throws and picks up objects and throws again	2.	Pulls toys
	3. Puts one object after another in and out of receptacles	3.	Carries or hugs doll or teddy bear
		4.	Imitates many things (reading paper, sweep, dust)
		5.	Solitary or onlooker play

HO 2 (Cont)

AREA	TWENTY-FOUR MONTHS	THIRTY-SIX MONTHS
Motor	1. Runs well without falling 2. Walks with heel-toe contact 3. Walks up and down stairs alone holding rail and bringing both feet to same step 4. Kicks ball, squats to play	1. Walks upstairs with alternate feet, downstairs with both feet on same step. 2. Stands on one foot momentarily 3. Can jump down off bottom step 4. Can broad jump 5. Rides tricycle
Grasp Reach	1. Grasp more refined - scribbles horizontal strokes, imitates circle and "V" but cannot initiate 2. Turns pages singly 3. Pronation and supination turns an easy door handle or unscrews a lid 4. Strings beads (6 block tower)	1. Puts on shoes but not necessarily to correct feet 2. Undoes accessible buttons 3. Creases paper neatly (9 block tower) 4. Copies vertical and horizontal strokes and circle, but <u>not</u> cross
Vision	1. Identifies kitty, train, car, baby 2. Follows in any plan, can stop, hold, dart, fix against a moving or stimulated background 3. Acuity 20/40	1. Acuity 20/30
Feeding	1. Starts to supinate spoon in mouth 2. Handles cup well 3. Drinks from straw	1. Feeds himself without much spilling, needs supervision
Receptive	1. Listens to simple stories, especially those he's heard before 2. Likes to listen for reason of language. By listening acquires sense of descriptive power of words	1. Learns to listen and listens to learn 2. Suggestions take effect 3. Memory span lengthening - recalls events of yesterday 4. Generalization common in comprehension-in, out, under 5. Distinguishes one and many
Self-Awareness	1. Washes and dries hands 2. Puts on shoes, socks, pants 3. Takes off shoes and socks 4. Points to 4	1. Dresses and undresses fully with supervision. Needs help with small fasteners 2. Notices sex differences, knows own sex 3. Toilet trained 4. Unlaces shoes - learning

HO 2 (Cont)

		5. to lace shoes Draws a man on request.
Play	1. Less rapid shifts in attention Interest in manipulating play material to feel, pat, and pound.	1. Increasing interest in playing with other children rather than play alone. May play in groups of 2 or 3, but these constantly shift in make-up and activity
	2. Interest in dolls and teddybears, beads - drops them in tops of boxes or cans, only to dump them out and repeat process	2. Dramatization and imagination beginning to enter play
	3. Does not imitate things which he or she remembers but only those events which are present to his/her senses.	3. Cooperative activity taking place of physical activity Is willing to wait his turn
	4. Parallel play predominates with other children though obviously enjoys being with other children	
	5. Little interest in what other children do or say, but may hug or push them out of way as if they were physical objects	
	6. Little social give and take - physical snatch and grab	
	7. Does not ask for help, adult must be watchful ready to help	

AREA	THREE-FOUR YEARS	FIVE YEARS
Motor	1. Takes pleasure in stunts	1. Can walk 3 yards on toes without touching heels down
	2. Balances well on his toes	
	3. One foot balance 4-8 seconds	2. Skips rhythmically with a bilateral pattern
	4. Skips but not rhythmically	3. Marches well, keeping time to music
	5. Walks straight line 3 yards long	4. Jumps up (vertically) from standing about 2 1/2"
	6. Descends long stairway with reciprocal pattern, if supported	5. Descends a long stairway or a large ladder alternating feet.
	7. Runs smoothly	6. Walks 4" beam without stepping off
Grasp Reach	1. Picks up pellet in pincher (neat)	1. Performs 3 simple commissions in sequence
	2. Copies cross	2. Colors within 1" area
	3. Pellets in bottle with	3. Imitates square and triangle

HO 2 (Cont)

		precision. When building tower hand opens just sufficiently to permit withdrawal, other hand adjust placement	4. Uses scissors, follows line
			5. Copies print (a b c)
			6. Buttons small buttons on own shirt, ties bows on shoes, combs, and brushes hair completely
Feeding	1.	Feeding himself with fork	1. Cuts with knife and fork
	2.	Drinks through paper straw without mashing	
Self-Awareness	1.	Puts shoes on correct feet	1. Draws recognizable man
	2.	Laces shoes, but doesn't tie bow	2. Dresses self complete except button-bows on back
	3.	Dresses - knows back and front of clothes	
	4.	Brushes and combs hair	
	5.	Brushes teeth	
	6.	Manages buttons on self	
Play	1.	Prefers to play in groups of 2-3 children. Often chooses favorite companion of own sex.	1. Fond of cutting up and pasting and working on specific project (carried over day to day)
	2.	Considerable increase in constructive use of material and in manipulation and dramatization of play.	2. Plays in groups of 2-25
	3.	Puts away toys by self	3. Friendships are becoming stronger
	4.	Marked rise in activity	4. Spurred in going on excursions.
	5.	Busy directing others, does silly things may do wrong on purpose	

LESSON PLAN: I

COURSE TITLE: Basic Paraprofessional Training

UNIT IV : Growth and Development

INFORMATION TOPIC: IV-I

INTERACTION ITEMS: (Review Items)

1. Define growth.
2. Define development.
3. What qualities and abilities do children have that help ensure survival and development?
4. Discuss the following principles of growth and development:
 - a. Growth is directional
 - b. Development proceeds from general to specific
 - c. Development is timely
 - d. New skills tend to predominate
5. Discuss the developmental tasks associated with each age group identified in the lesson outline and HO 2.

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Show films.
2. Observe normal children in a day-care setting.

LESSON PLAN: 1

COURSE TITLE: Basic Paraprofessional Training

UNIT IV : Growth and Development

ANSWERS TO EVALUATION ITEMS

I. True/False

- | | |
|--------------|--|
| <u> T </u> | 1. Growth is an increase in the size of an individual which is measured by height and weight. |
| <u> T </u> | 2. Development includes the acquisition of social, emotional, and psychological skills. |
| <u> F </u> | 3. Children have very few qualities and abilities to help ensure their survival. |
| <u> T </u> | 4. Coughing and sneezing are examples of neuromuscular reflexes that protect an infant. |
| <u> F </u> | 5. Physical and behavioral characteristics of children within an age group are generally not very similar. |
| <u> F </u> | 6. Most children differ from the norms of their age group. |
| <u> T </u> | 7. Growth is directional. |
| <u> F </u> | 8. Cephalocaudal growth refers to social maturation. |
| <u> T </u> | 9. Development proceeds from general to specific. |
| <u> T </u> | 10. The development of a new skill may delay the onset of other skills. |

II. Matching

Match the developmental pattern with the appropriate age.

- | | | |
|----------|-----|----------------------------|
| <u>h</u> | 1. | Birth to one month |
| <u>e</u> | 2. | Two to three months |
| <u>b</u> | 3. | Four to six months |
| <u>g</u> | 4. | Seven to nine months |
| <u>g</u> | 5. | Ten to twelve months |
| <u>c</u> | 6. | One to three years |
| <u>d</u> | 7. | Three to six years |
| <u>f</u> | 8. | Six to nine years |
| <u>i</u> | 9. | Ten to twelve years |
| <u>a</u> | 10. | Thirteen to eighteen years |

- a. A time during which the individual is attempting to establish his/her identity. Rebellion may occur.
- b. Holds head up, begins teething and reaching for objects
- c. Exhibits a very negative attitude and has temper tantrums
- d. Masturbation is common
- e. Rolls over, cries tears, and strikes at objects
- f. Admires teachers and is group oriented
- g. Can eat finger foods and crawl
- h. Simple reflex actions predominate
- i. Begins walking and eating with a spoon
- j. Intolerant of the other sex; peer acceptance is very important

LESSON PLAN: 2

DMH Code 31102

COURSE TITLE: Basic Paraprofessional Training

UNIT IV : Growth and Development

SCOPE OF UNIT:

This unit presents key concepts related to physical and sensorimotor development, intellectual, social and emotional, language, and sexual development.

INFORMATION TOPIC: IV-2

INTELLECTUAL DEVELOPMENT
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Identify two key concepts related to intelligence.
2. Identify three key concepts related to IQ.
3. Identify five key concepts related to intelligence tests.
4. Recall four types of intelligence tests.
5. Identify four key concepts related to Piaget's theory of intellectual development.
6. Match the stage of intellectual development with the appropriate description.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Filmstrip by Concept Media: Program #4 Intelligence, IQ and Environment
2. HO 1: Learning Principles

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Batshaw, M. L. and Perret, Y. M. Children with Handicaps. Baltimore: Paul H. Brookes Publishing, Co., 1981, pp. 137-152.

INTRODUCTION:

In today's technological age, a great deal of emphasis is placed on the intellectual development of children. Parents are encouraged to intellectually stimulate their children beginning during infancy. But what does it mean to intellectually stimulate someone? What is meant by intelligence? The concepts of intelligence and intellectual development will be discussed in this lesson.

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT IV : Growth and Development

INFORMATION TOPIC: IV-2

OUTLINE: (Key Points)

I. Key concepts related to intelligence

A. Intelligence is the global capacity of an individual to act purposefully, to think rationally, and to deal effectively with the environment. Intelligence enable the individual to:

1. Meet and adapt to novel situations quickly and effectively
2. Utilize abstract concepts effectively
3. Grasp relationships and to learn quickly
4. Acquire new ideas or behaviors

B. Higher intelligence enables the child to learn new ideas and skills more easily.

II. Key concepts related to IQ (HO I)

A. Intelligent quotient (IQ)

1. Index of person's relative level of intelligence as compared with other people of similar age
2. Methods of deriving IQ
 - a. Mental age (MA) divided by calendar age (CA) multiplied by 100 equals IQ.
 - b. Binet value
3. IQs are minimal scores and aren't absolutes
4. IQ isn't constant - changes as person develops
5. IQ score is closely related to verbal ability
6. Conditions affecting IQ
 - a. Heredity
 - b. Environment

- B. Mental age - MA
 - 1. Age level of mental ability
 - 2. Determined by standardized tests
- C. Range of intelligence
 - 1. 0-69: mental retardation
 - 2. 70-79: borderline
 - 3. 80-89: below average
 - 4. 90-110: normal - average
 - 5. 111-119: above average
 - 6. 120-129: superior
 - 7. 130+: very superior

III. Key concepts related to intelligence tests

- A. Measure abilities connected with
 - 1. Reading
 - 2. Writing
 - 3. Arithmetic
 - 4. Reasoning
- B. Tests do not measure
 - 1. Creativity
 - 2. Originality
 - 3. Drive - Determination
 - 4. Nonverbal skills
- C. Factors which affect test scores
 - 1. Individual's day
 - 2. Individual's health
 - 3. Testing environment
 - 4. The test itself

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5. Cultural differences

- D. The majority of questions in most intelligence tests assess achievement or what the person has already learned rather than potential to learn something new.
- E. A significant correlation has been found between intelligence test scores and school achievement.

IV. Types of intelligence tests

- A. Stanford Binet Intelligence Scale
- B. Weschsler Adult Intelligence Scale (WAIS)

1. Verbal subtests

- a. Information
- b. Comprehension
- c. Arithmetic
- d. Similarities
- e. Vocabulary
- f. Digit span

2. Performance subtests

- a. Picture completion
- b. Picture arrangement
- c. Block design
- d. Object assembly
- e. Digit symbol

C. Revised Beta

D. Peabody Picture Vocabulary Test (PPVT)

V. Key concepts related to Piaget's theory of intellectual development

A. Four stages of intellectual development

- 1. Sensorimotor - birth to 18 months
- 2. Preoperational - two to seven years

3. Concrete operations - seven to 12 years
 4. Formal operations - 12 years and up
- B. Specific achievements and abilities characterize each stage
 - C. Progression through each stage is sequential.
 - D. More complex and abstract abilities are added with each stage.

VI. Piaget's stages of intellectual development

- A. Sensorimotor stage - birth to 18 months
 1. Characterized by primitive forms of intelligence to have basic needs satisfied
 2. Exhibits some complex behaviors
 - a. Evident when the child is only a few months old
 - b. Example: pulls a string to reach the object on the end
 3. Shows more interest in the surroundings
 4. Begins finding own solutions to concrete problems
 - a. Occurs about 18 months
 - b. Example: a child will find a way of reaching an object out of his/her reach
- B. Preoperational stage - two to seven years
 1. Characterized by meaningful language but still remains relatively primitive
 2. Abstract thinking begins to develop
 - a. By age 2 uses symbols to represent objects which are not there
 - b. Example: Mud pie represents chocolate pie
 - c. By age 3, can tell a story using the past and is able to project into the future
 3. Begins to group objects
 4. Begins to distinguish quantities
- C. Concrete operations - seven to 12 years
 1. Ordering and classifying objects becomes more refined.

2. Relationships between different items is more readily observed.
 3. Objects can be arranged according to size and weight.
 4. The ability to read and solve mathematical problems is developed.
- D. Formal operations - 12 years and up
1. Characterized by the ability to reason by using hypotheses
 2. Formal thought is developed. The problem is:
 - a. Isolated
 - b. Reviewed systematically
 - c. All possible solutions discovered

VII. Summary and conclusion

- A. Key concepts related to intelligence
- B. Key concepts related to IQ
- C. Intelligence tests
- D. Types of intelligence tests
- E. Key concepts related to Piaget's theory of intellectual development
- F. Piaget's stages of intellectual development

This lesson has presented concepts related to intelligence, intelligence testing, and Piaget's theory of intellectual development.

LEARNING PRINCIPLES

Learning is indicated by a change in behavior not accounted for by maturation alone. It is facilitated by immediate reinforcement of that behavior. In promoting the learning process, it is useful to keep in mind certain of the basic principles:

Principle	Example
Learning is an active process: the child learns by doing.	The child learns that things go into containers by putting them in.
Learning proceeds from the simple to the complex.	The child learns to take things apart before s/he learns to put them together.
Learning is enhanced by maturational readiness.	The child is more capable of learning to control bladder elimination after s/he can hold urine and after he associates the feeling of fullness with voluntary release of sphincter.
Learning is enhanced by meaningful practice.	When the child is learning to feed himself with a spoon s/he needs many opportunities to handle the spoon and should be repeatedly guided in the correct movement for scooping and bowl-to-mouth delivery.
Organization promotes retention and application of learning.	The child is helped in learning to dress him/herself if his clothes are always in the same place and the same sequence of actions are followed each time.
Positive consequences increase the likelihood that a behavior will be repeated.	If the child likes to have mother's attention and mother makes a pleasant fuss over him/her when he puts his toys away, it is likely s/he'll do it again.
Negative or neutral consequences decrease the likelihood that a behavior will be repeated.	If the child makes sounds and the parents ignore him, he will probably stop this behavior.

Taken from: "Helping the Retarded Child Develop Self-care Skills: A Guide for Nurses" Kathryn Barnard and Marcene Powell.

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT IV: Growth and Development

INFORMATION TOPIC: IV-2

INTERACTION ITEMS: (Review Items)

1. Define and discuss the concept of intelligence.
2. What is IQ?
3. How is IQ measured?
4. Does a person's IQ ever change?
5. What do IQ tests measure?
6. What factors affect an IQ test score?
7. Give examples of IQ tests.
8. What are the four stages of intellectual development according to Piaget's theory? Describe each stage.

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Show filmstrip.

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT IV : Growth and Development

ANSWERS TO EVALUATION ITEMS

I. True/False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

- | | |
|--------------|---|
| <u> T </u> | 1. Intelligence is the global capacity of an individual to act purposefully, think rationally, and deal effectively with the environment. |
| <u> F </u> | 2. There is no relationship between intelligence and an individual's ability to meet and adapt to novel situations quickly and effectively. |
| <u> F </u> | 3. One's environment does not influence how one scores on intelligence tests. |
| <u> F </u> | 4. IQ scores are closely related to reading ability. |
| <u> T </u> | 5. IQ is an index of a person's relative level of intelligence as compared with other people of similar age. |
| <u> T </u> | 6. Most IQ tests measure what a person has learned, not the capacity to learn. |
| <u> T </u> | 7. A significant correlation has been found between IQ scores and school achievement. |
| <u> F </u> | 8. IQ tests measure relativity, originality and drive. |
| <u> T </u> | 9. An individual's day, health, and testing environment may influence the IQ test scores. |
| <u> F </u> | 10. An individual's cultural background will not affect the IQ test scores. |
| <u> T </u> | 11. The Stanford Binet, WAIS, PPVT, and Revised Beta are tests used to measure intelligence. |

II. Matching

Match Piaget's stage of intellectual development with the appropriate description. Answers may be used more than once.

- | | |
|-------------------|------------------------|
| a. Sensorimotor | c. Concrete operations |
| b. Preoperational | d. Formal operations |

- | | |
|--------------|--|
| <u> c </u> | 1. Ability to read and solve mathematical problems is developed |
| <u> a </u> | 2. Begins finding own solutions to concrete problems |
| <u> d </u> | 3. Ability to reason by using hypotheses is developed |
| <u> b </u> | 4. Begins to group objects |
| <u> b </u> | 5. Abstract thinking begins to develop |
| <u> d </u> | 6. Formal thought is developed |
| <u> c </u> | 7. Ability to order and classify objects becomes more refined. |
| <u> a </u> | 8. Begins showing an interest in surroundings |
| <u> c </u> | 9. Relationships between different items are more readily observed |
| <u> b </u> | 10. Begins to distinguish quantities |

LESSON PLAN: 3

DMH Code 31103

COURSE TITLE: Basic Paraprofessional Training

UNIT IV : Growth and Development

SCOPE OF UNIT:

This unit presents key concepts related to physical and sensorimotor development, intellectual, social and emotional, language, and sexual development.

INFORMATION TOPIC: IV-3

SOCIAL AND EMOTIONAL DEVELOPMENT
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Identify five key concepts related to Erik Erickson's theory of personality development.
2. Match the stage of development with the appropriate description.
3. Identify four key concepts related to Maslow's Hierarchy of Needs.
4. Match the described needs with the appropriate age.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Maslow's Hierarchy of Needs
2. HO 2: Social and Emotional Development

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Batshaw, M. L. and Perret, Y. M. Children with Handicaps. Baltimore: Paul H. Brookes Publishing Co., 1981, pp. 137-152.

Erikson, E. Childhood and Society. 2nd ed. New York: W. W. Norton and Co., Inc., 1963.

Pasquali, E., et al. Mental Health Nursing: A Bio-Psycho-Cultural Approach. St. Louis: C. V. Mosby Co., 1981, pp. 69-140.

INTRODUCTION:

As with physical growth and development, the personality or one's social and emotional development also progresses in stages. Erik Erikson believed that each stage of development was characterized by specific tasks that must be developed. If these were not accomplished, then the developmental task was not resolved or an unhealthy resolution occurred. If this was the case, the person could not progress on to the next stage and was said to be fixated or stopped at this stage. This lesson will present the characteristics of and tasks to be mastered in each stage.

LESSON PLAN: 3

COURSE TITLE: Basic Paraprofessional Training

UNIT IV : Growth and Development

INFORMATION TOPIC: IV-3

OUTLINE: (Key Points)

- I. Key concepts related to Erik Erickson's theory of personality development
 - A. Theory of personality development covers phases of growth from infancy to adulthood.
 - B. Focuses on interaction of individual with environment as that individual matures from infancy to adulthood
 - C. Divides growth and development into eight stages or eight ages of man
 - D. Each stage represents an encounter between individual and demands of society.
 - E. Growth comes about by mastering conflict, or by overcoming obstacles or problems.
 1. Conflicts are never completely resolved.
 2. Conflicts recur from time to time to be reworked as the person matures and encounters new situations and experiences.
 - F. Having adequately worked through stage will allow person to encounter and work on next stage.
- II. Erik Erickson's eight stages of personality development
 - A. Trust vs. mistrust
 1. Birth - 1 year
 2. Stage during which child learns basic trust or basic mistrust depending on success of first encounter with parents
 3. In first year of life infant knows world primarily in terms of simple images and patterns of feelings it experiences.
 4. Parenting pattern is of extreme importance in developing trust.

5. Unsuccessful resolution
 - a. Distrust may result from feeling of being neglected and feeling others could meet needs and comfort one, but choose not to or do so only rarely
 - (1) Autism
 - (2) Infantile schizophrēnia

B. Autonomy vs. shame and doubt

1. 1-3 years
2. Stage during which child learns autonomy if successful or shame and doubt if unsuccessful
3. From age one to three child explores self and world and asserts that s/he's a human being with mind and will of own.
4. How dependent vs. independent child is, is a source of conflict
5. How conflict is resolved will determine ratio between
 - a. Love and hate
 - b. Cooperation and willfulness
 - c. Freedom of self-expression or its renunciation
6. During this stage child's desire and need for self-assertion must be respected but held within reasonable bounds.
7. Unsuccessful resolution may result in:
 - a. Sense of shyness and shame about self
 - b. Fear and distrust of others (secondary distrust)

C. Initiative vs. guilt

1. 3-6 years
2. Stage during which child learns initiative and spontaneity or guilt
3. Child of four or five has become sure that s/he is a person in own right, and is eager to find out what s/he can do.
4. Self-concept is based in part on what can do and also on what might become as adult.
5. Child of four or five observes older children and adults, and tries to imitate behavior; desiring to share in activities.

- a. Play and fantasy substitute for actual imitation of adult activities
 - b. Period of creative imagination, curiosity, and enterprise
- 6. Age of four and five is an age of intensiveness by voice, actions, and many questions - age of looking for answers and vigorous learning.
- 7. Child of four and five normally becomes self-critical and aware of consequences of actions.
- 8. Conscience child develops will depend largely upon value systems and behavior of adults and peers with which one identifies
- 9. Sense of curiosity and initiative should be continually fostered through childhood.
 - a. Autonomy
 - b. Initiative
 - c. Responsibility
- 10. Unsuccessful resolution results in:
 - a. Withdrawal into self
 - b. Thinking that it is better not to try at all, than to try and fail and be criticized

D. Industry vs. inferiority

- 1. 6-11 years
- 2. Acquiring either sense of industry and accomplishment or inferiority
- 3. If problems of previous stages have been worked through; it is a stage of calm steady growth.
- 4. In this stage social skills, fair play, rules of game, and acquisition of knowledge, work habits, and skills prepare child for adulthood.
- 5. Stage of encouragement of learning and trying new things
- 6. Unsuccessful resolution
 - a. Discouragement and expectations beyond child's ability may lead to sense of inadequacy and inferiority.
 - b. Not being allowed to experience success and feel accomplishment may result in resentment and rebellion.

E. Identity vs. role confusion

1. Adolescence
2. Onset of adolescence is time of many stresses, challenges, frustrations, and uncertainties
 - a. Psychological growth causes adolescent to question many things previously accepted.
 - b. Physical growth gives adolescent new power and also strong sexual drives and impulses.
3. Central problem of adolescent is to establish identity, often experiences role confusion.
 - a. Sexual role
 - b. Role in society
 - c. Role as future spouse and potential parent
 - d. Role as worker and wage earner
4. Proper role models are required
5. Adolescents are very much concerned about how they appear to others; self-image.
6. Unsuccessful resolution results in identity diffusion.
 - a. Whether identity diffusion is mastered or persists and leads to an identity crisis will in large part depend on individual's previous growth patterns
 - b. Lack of resolution of identity diffusion may lead to
 - 1) Behavior disorders
 - 2) Neurosis
 - 3) Psychosis

F. Intimacy vs. isolation

1. Young adulthood
2. Acquiring sense of intimacy vs. isolation
3. Development of sense of intimacy with
 - a. Oneself
 - b. Same sex
 - c. Other sex

4. Early adolescent relationships are usually not intimate but are self-centered and for purpose of helping to define one's own identity.
5. Unsuccessful resolution
 - a. Person who is unsure of self will avoid close relationships with others and will avoid looking at self.
 - b. One may become psychologically isolated by forming formal and stereotyped relations with people which lack in spontaneity, closeness, and warmth
 - c. One may get compulsively repeat attempts to get close to others; attempts that meet with failure.

G. Generativity vs. stagnation

1. Adulthood
2. Task: Acquiring sense of creativity and productivity vs. self-absorption and self-centeredness.
 - a. Parental sense is most clearly evident in producing and caring for one's children.
 - b. May also be shown in relation to other's children or by parental type of responsibility for works of others
 - c. Essence is a desire to nourish, nurture, and sustain others in mature manner that encourages and supports growth
3. Unsuccessful resolution - danger is regression to obsessive need for pseudointimacy, often with pervading sense of self-indulgence

H. Ego integrity vs. despair

1. Old age
2. Task: acquiring sense of self-acceptance vs. despair and disgust
3. Ideals of culture become core of individual's personality
4. Person accepts life and people as they are, helps others to grow but doesn't try to fashion others in own image and doesn't try to undo and remake own life
5. Unsuccessful resolution - is signified by fear of death and despair expressing feeling that time is now short

III. Key concepts related to Maslow's Hierarchy of Needs

- A. Needs arranged in ascending order from most primitive to most complex.

- B. Each need becomes important only when preceding needs have been satisfied.
- C. At various periods in life, person is predominantly motivated by different drives or needs.
- D. At each stage there is a necessity for choice.

IV. Needs related to age

A. Infancy

- 1. Predominant motives are unlearned, innate physiological needs
 - a. Food
 - b. Liquid
 - c. Air
 - d. Avoidance of pain
 - e. Elimination
 - f. Touch - contact
- 2. Major emphasis is on primary aspects of physiological survival
- 3. Physiological needs
 - a. To eat and drink to nourish body
 - b. To eliminate wastes to keep body healthy
 - c. To rest to restore energy to body
 - d. To exercise to keep muscles functional
 - e. To keep clean to ward off disease
 - f. To keep warm and dry to remain comfortable and healthy
- 4. Never outgrow need for satisfying basic physiological needs

B. Young childhood

- 1. Predominant motive is for security and safety
- 2. Child's major concerns are for some understanding or patterning so that basic needs will continue to be met.
- 3. After basic needs are met in consistent fashion child begins to explore environment.

4. The child discovers and tests limits.
 - a. By testing limits, child comes to some understanding of what s/he can and cannot do.
 - b. This enables the child to develop sense of safety and security.
 5. Safety and security needs include the need to:
 - a. Satisfy basic security in physical sense
 - b. Protect self against dangers of environment
- C. Later childhood
1. Predominant motive is to discover, seek out, and test relationships of affection and belonging
 2. Love is the motivating factor.
 3. Need for belongingness and love include:
 - a. Social needs
 - b. Need to share some kind of close, emotionally satisfying relationship with another person - desire to feel wanted and loved
 - 1) Intimacy
 - 2) Identification
 4. Security now comes from finding out about quality of belonging judged by the depth of child's affection and that of significant others
- D. Adolescence
1. Predominant motive is for identity
 2. Once child has satisfied self of ability to love, child begins to be strongly impelled to discover who or what s/he actually is.
 3. Need for self-esteem - need for identity include:
 - a. Ego needs
 - b. Feeling of value or worth proportionate with own values and achievements (self-respect)
 - 1) Self-evaluation
 - 2) Approval of self and others

- 3) Feeling own importance - considering self as someone who matters
 - c. Need to be functioning group member and to have some importance in group
 4. Often requires radical breaks from love patterns that were established in childhood
- E. Young adulthood
1. Predominant motive is to put newly-formed self to test.
 2. Drive is to realize and actualize all potential elements of selfhood.
 3. Need for self-actualization includes:
 - a. Self-fulfillment
 - b. Ability to be self-directive, to realize best potential, and to achieve ideals and aims set for self
 - 1) Spontaneity
 - 2) Creativity
 - 3) Nonconformity
 4. Characteristics of the self-actualized person (10% of population)
 - a. Realistic orientation
 - b. Acceptance of self, others, and natural world
 - c. Spontaneity
 - d. Task orientation rather than self-preoccupation
 - e. Sense of privacy
 - f. Independence
 - g. Appreciativeness
 - h. Spirituality - not necessarily in formal religious sense
 - i. Sense of identity with mankind
 - j. Feelings of intimacy with loved ones
 - k. Democratic values
 - l. Recognition of differences between means and ends

- m. Philosophical rather than hostile humor
- n. Creativeness
- o. Nonconformism
- p. Unselfish love
- q. Unbiased understanding

F. Middle adulthood

- 1. Primary motives are cognitive needs which include seeking insight, information, knowledge, wisdom, and rational experiences.
- 2. Once worked through self-actualizing needs, begin to explore areas that require thought and insight.

G. Older adulthood

- 1. Motives center on need for order, symmetry, consistency, and cohesion.
- 2. Elderly can see lives as complete pattern.
- 3. Many people meet needs through religion, others by pleasant memories of past life, or rediscovery of lost creative interests

H. Final stage

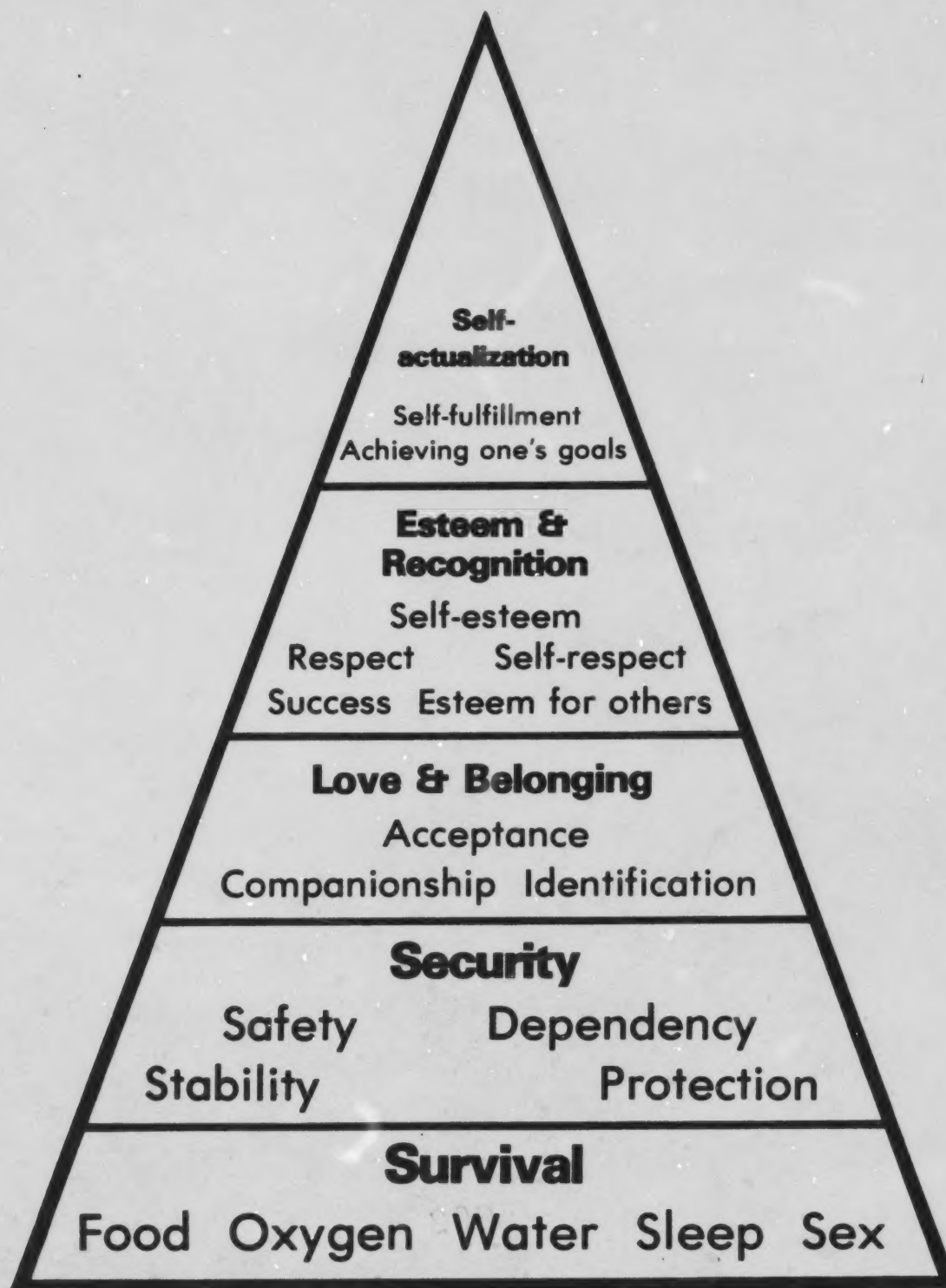
- 1. Ego integrity
- 2. Congruence - total combining of all aspects of self into one united and fully accepted whole

V. Summary and conclusion

- A. Key concepts related to personality growth and development
- B. Eight stages of personality development
- C. Key concepts related to Maslow's Hierarchy of Needs
- D. Needs related to age

This lesson has dealt with concepts of Erik Erickson's theory of personality development and Maslow's hierarchy of needs. A basic understanding of these concepts is necessary in your work with the residents.

Maslow's Hierarchy of Needs





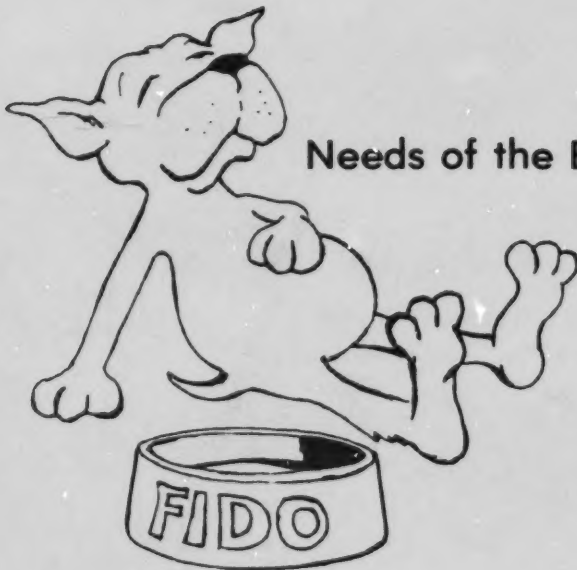
Needs for Belonging
and Love



Reach your full
potential
(self-actualization)

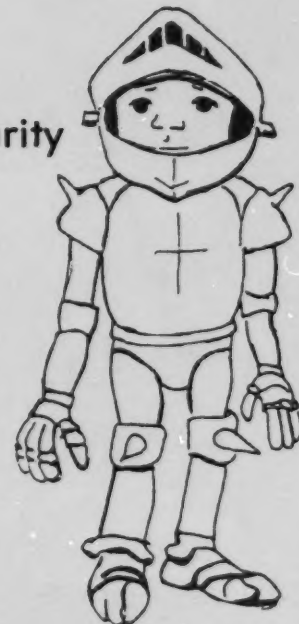


Self-esteem



Needs of the Body

Need for Security



Social and Emotional Development

	Psychosocial Crises	Radius of Significant Relations	Psychosexual	Self-Concept	Strengths and Lasting Outcome	Deviations
I	Trust vs Mistrust	Maternal Person	Oral Sensory	I am what I am given	Drive Hope	I am afraid of you. I must be cautious.
II	Autonomy vs Shame, Doubt	Parental Persons	Anal Muscular	I am what I will	Self-control Will-power	My opinion doesn't count... I am powerless...
III	Initiative vs Guilt	Basic Family	Genital Locomotor	I am what I imagine myself to be	Direction Purpose	I am afraid... I am ashamed...
IV	Industry vs Inferiority	"Neighborhood" School	Latency	I am what I learn	Method Competence	I can't work with others I can't finish
V	Identity vs Diffusion	Peer Out Groups Models of Leadership	Puberty Adolescence	I am the sum of the others and what people reflect back to me	Devotion Fidelity	I don't know who I am I don't know where I am going
VI	Intimacy vs Isolation	Partners in Friendship, Competition Cooperation	Young Adulthood		Intimacy Competitiveness Affiliation (belongingness)	I am a loner I don't need anyone
VII	Generativity vs Stagnation	Divided labor Shared household	Adulthood	Production Care	Production Care	I am concerned about myself (despite needs of others)
VIII	Integrity vs Despair	Mankind	Maturity		Renunciation Wisdom	I am not able to share my wisdom with younger generations

Prepared by:
Mid-Missouri Mental Health Center
Department of Nursing Education

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LESSON PLAN: 3

COURSE TITLE: Basic Paraprofessional Training

UNIT IV : Growth and Development

INFORMATION TOPIC: IV-3

INTERACTION ITEMS: (Review Items)

1. Discuss why each person must progress successfully through each stage of personality development to be mentally healthy.
2. Describe the following stages and the learning tasks associated with each:
 - a. Trust vs. mistrust
 - b. Autonomy vs. shame and doubt
 - c. Initiative vs. guilt
 - d. Industry vs. inferiority
 - e. Identity vs. role confusion
 - f. Intimacy vs. isolation and generativity vs. stagnation
 - g. Ego (i.e.) integrity vs. despair
3. Describe how trust can be established or re-established.
4. What are eight physical changes that take place with old age?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. The instructor will present a case study of a young adult who has successfully resolved the developmental stage of identity vs. role confusion. The students should discuss those characteristics of the individual which indicate successful resolution of the stage.
2. The instructor will present a case study of a child entering the developmental stage of industry vs. inferiority. The students should describe behaviors the child is likely to exhibit during this stage.

LESSON PLAN: 3

COURSE TITLE: Basic Paraprofessional Training

UNIT IV : Growth and Development

ANSWERS TO EVALUATION ITEMS

Multiple Choice

- a 1. Erickson's theory of personality development covers social and emotional development from:
- a. Infancy to adulthood
 - b. Infancy to adolescence
 - c. Childhood to adolescence
 - d. Childhood to adulthood
- b 2. During this stage, children explore themselves and the world and assert that they are human beings with minds and wills of their own.
- a. trust vs. mistrust
 - b. autonomy vs shame and doubt
 - c. initiative vs guilt
 - d. industry vs inferiority
- d 3. In this stage, social skills, fair play, rules of the game, and acquisition of knowledge prepare the child for adulthood.
- a. trust vs mistrust
 - b. autonomy vs shame and doubt
 - c. initiative vs guilt
 - d. industry vs inferiority
- c 4. This is an age of intensiveness as observed by voice, actions, and many questions.
- a. trust vs mistrust
 - b. autonomy vs shame and doubt
 - c. initiative vs guilt
 - d. industry vs inferiority
- b 5. During this stage, the individual is concerned with developing a sense of intimacy with his/her own self as well as members of the same and opposite sex.
- a. identity vs role confusion
 - b. intimacy vs isolation
 - c. generativity vs stagnation
 - d. ego integrity vs despair

- d 6. The task during this stage is to acquire a sense of self-acceptance.
- a. identity vs role confusion
 - b. intimacy vs isolation
 - c. generativity vs stagnation
 - d. ego integrity vs despair
- c 7. The task during this stage is to acquire a sense of creativity and productivity.
- a. identity vs role confusion
 - b. intimacy vs isolation
 - c. generativity vs stagnation
 - d. ego integrity vs despair
- a 8. The relationships developed during this stage are usually more self-centered than intimate and are for the purpose of defining one's own identity.
- a. identity vs role confusion
 - b. intimacy vs isolation
 - c. generativity vs stagnation
 - d. ego integrity vs despair
- b 9. According to Maslow's theory on hierarchy of needs, people move to the next level when:
- a. they choose to
 - b. the needs at the previous level have been satisfied
 - c. the drive for food has been met
 - d. they grow older
- a 10. Which of the following is the highest level on Maslow's hierarchy of needs?
- a. Self-actualization
 - b. Safety
 - c. Self-esteem
 - d. Acceptance
 - e. Physical

II. Matching

Match the developmental pattern with the appropriate age.

- g 1. Birth to one year
- e 2. 1 year to 3 years
- c 3. 3 years to 6 years
- b 4. 6 years to 12 years

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- f 5. 12 years to ?
h 6. 21 years to 45 years
d 7. 45 years to 60 years
a 8. 60 years to ?

- a. Maturity
b. Industry
c. Initiative
d. Generativity
e. Autonomy
f. Identity
g. Trust
h. Intimacy

LESSON PLAN: 4

COURSE TITLE: Basic Paraprofessional Training

UNIT IV : Growth and Development

SCOPE OF UNIT:

This unit presents key concepts related to physical and sensorimotor development, intellectual, social and emotional, language, and sexual development.

INFORMATION TOPIC: IV-4

LANGUAGE DEVELOPMENT
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Define these terms: communication, language, expressive language, receptive language.
2. Identify three factors which affect language development.
3. Identify the three basic parts of language.
4. Recall in writing four principles of language development.
5. Match the language development task with the appropriate age.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Filmstrip by Concept Media filmstrip: Program 3-Language Development
(Available from Nevada Habilitation Center)
2. HO 1: Expressive Language Development
3. HO 2: Receptive Language Development
4. HO 3: Norms for Accurate Production of Consonants
5. HO 4: How Adults Can Stimulate Normal Speech and Language Development

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

INTRODUCTION:

Communication is a complicated process which most people take for granted. In order to communicate using language, one must be able to hear the message, change the sound into electrical impulses which are transmitted to the brain, interpret the impulse, organize and prepare a response and transmit the response which involves the respiratory muscles. This process develops over a period of time with the growth of the child. This lesson is designed to present information which will help you better understand this process. In addition, this lesson will discuss communication disorders and techniques for assisting the resident with a communication disorder to communicate effectively with others.

LESSON PLAN: 4

COURSE TITLE: Basic Paraprofessional Training

UNIT IV : Growth and Development

INFORMATION TOPIC: IV-4

OUTLINE: (Key Points)

PART I:

I. Definition of terms

- A. Communication is the process of transmitting a message either verbally or nonverbally.
- B. Language
 - 1. System of arbitrary vocal symbols
 - 2. Means of conveying thoughts from one person to another
- C. Expressive language - ability to express
 - 1. Speaking
 - 2. Writing
 - 3. Nonverbal modes
 - a. Signing
 - b. Pointing
 - c. Gesturing
- D. Receptive language - ability to receive
 - 1. Reading
 - 2. Listening
 - 3. Watching

II. Factors affecting language development

- A. Physical factors include:
 - 1. Respiration
 - 2. Vibration of vocal cords

3. Movement of mouth, tongue, lips, and palate
 4. Hearing
 - B. Mental factors
 1. Intelligence
 2. Attention
 3. Memory
 - C. Language experiences with adults
- III. Basic parts of language
- A. Form or structure is composed of:
 1. Smallest unit of sound (phoneme)
 2. Smallest unit of meaning (morpheme)
 3. Order in which words are put together (syntax)
 - B. Content
 1. Knowledge of the meaning of words is present
 2. Information is given when words are spoken
 - C. Use
 1. Refers to how language is used when communicating to others
 2. Can be used in a direct or round-about manner
- IV. Principles of language development
- A. Most children have an inborn or natural ability to process any language.
 - B. Language is acquired.
 1. Language is learned more easily when heard.
 2. Language is learned by imitation of others.
 - C. Language development occurs in stages.
 1. Each stage is systematic and organized
 2. The order of the stages remains the same
 3. The rate of acquiring skills within a given stage may vary.

4. New rules are discovered and applied during each stage.
 5. Expressive and receptive language develop simultaneously.
 - D. Early language development is generally faster among girls.
- V. Patterns of speech and language development
- A. Speech development
 1. Comfort and discomfort expressed through crying (early infancy)
 2. Differentiates spoken from unspoken sounds (1 month)
 3. Coos and recognizes different tones of parents' voice (3 months)
 4. Babbles using consonant and vowel sounds (6 months)
 5. Follows one-step commands (11 months)
 6. Begins to speak one word (12 months)
 7. Responds to verbal commands given without gestures (15 months)
 8. Expresses self primarily by using language (2 years)
 - B. Language development
 1. First words are single syllables which express whole thoughts.
 2. Later, single words are combined to form two to four word sentences.
 3. Language is reality based - children say what they see or do.
- VI. Summary and conclusion
- A. Definition of terms
 - B. Factors affecting language development
 - C. Basic parts of language
 - D. Principles of language development
 - E. Patterns of speech and language development

This lesson has presented information concerning the normal development of language. This information will assist you in your understanding of speech and language disorders.

EXPRESSIVE LANGUAGE DEVELOPMENT

1. **Expressions of feeling.** Identify cries and sounds with the appropriate emotions, saying to the child, "Oh, you are sad" or "You are happy." Repeat the sound as child realizes the meaning conveyed.
2. **Babbling.** Repeat sounds as one would with any child. Let child feel the sound through your mouth, nose, and throat.
3. **Vocabulary building.** As words emerge, be sure to attach as much meaning as possible to words, so that concept relations develop along with labeling. Keep examples as concrete as possible; e.g., if teaching the word "ball," give the child a ball to actually explore. Give as many different examples as possible until the child really understands what the object is. Expand the meaning of "ball" with examples that vary on dimensions such as size, texture, and use.
4. **Self-image.** Encourage self-awareness by early identification of body parts and properties on self and others. Stress use of "I," "me," "mine," and other personal pronouns applied correctly to others.
5. **Concept statements.** Provide experiences that are meaningful, then cautiously expand the abstract statements that can be applied so that language maintains its symbolic representation purpose for the child. Provide many different experiences, objects, and events that will provide transfer between statements.

SPECIAL CONCERNS

1. Illumination, glares, shadow avoided
2. Size of print
3. Seating
4. Special materials, books, paper, pens
5. Adaptive to visual impairments
6. Listening

Source unknown

RECEPTIVE LANGUAGE DEVELOPMENT

An understanding of the meaning of sounds will come from listening and experiencing; therefore, provide opportunities for these to coincide.

1. **Attending to sound.** Call attention to sounds; physically prompt child to stop and listen.
2. **Localization of sound.** Prompt child to turn ear, then nose, in the direction of the sound source. Turn on a radio, phonograph, or shake a sound toy momentarily and ask the child from where the sound was being emitted.
3. **Discrimination of sounds.** This follows child's ability to attend, localize, and identify. Encourage child in noting sameness, differences along several dimensions and at several distances. Shake, roll, or squeeze toys, ask child what object emits the sound heard. Later ask child to identify the names with the noises of others in his immediate environment or sounds that animals or other situations (weather, door opening) make. These sounds may be reproduced from records. Move from object sounds to oral sounds.
4. **Sound-symbol association.** As child develops sound-symbol association, say object words and have him/her locate the object, then later perform acts with the object such as "Put the spoon in the bowl."
5. **Vocabulary comprehension.** Have child respond in different ways such as raise left or right hand, hit drum or table different number of times when you name objects that are classified differently; e.g., people vs. actions; places vs. descriptive words; physical attributes vs. location (prepositions).
6. **Laterality.** Emphasize identity of left and right parts of body and of objects. Some examples are: "place your left hand on the table," "lift your right foot," or "place your left hand on your right shoulder."
7. **Directionality.** Have child place things according to direction, permit child to move in space according to simply stated commands. Emphasize number of steps, etc., as skills develop. Playing "Simon Says" is an example of how this can be incorporated into a game. Move from simple one-stage commands to more complex stages. Some examples are: "pick up the ball," then "pick up the ball and place it on the table."
8. **Listening for sequences.** Provide child with proper sequences that have omissions and errors, and let him/her spot the error.
9. **Auditory overload.** Blind children can be oversaturated with radio input. Encourage selectivity in radio and phonograph input, and do not let this take the place of human contact. Encourage the child to seek out peers for information and socialization.

Source unknown

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NORMS FOR ACCURATE PRODUCTION OF CONSTANTS

Age in years	Sounds Correctly Produced (Poole)	Sounds Correctly Produced (Templin)
3		m, n, ng, p, f, h, w
3½	p, b, m, w, h	j
4		k, b, d, g, r
4½	d, t, n, g, ng, y, k	s, sh, ch
5		
5½	f	
6		t, th, v, l
6½	v, <u>th</u> , zh, sh, l	
7		z, s, j, th
7½	z, s, r, th, hw, ch, j	

Source: Poole and Templin

HOW ADULTS CAN STIMULATE NORMAL SPEECH AND LANGUAGE DEVELOPMENT

Both parents and teachers need to remember that children learn language by interaction with people. Children will not learn to talk merely by growing older. They must hear a great deal of adult speech before they begin to imitate it themselves. Relationship between speech, writing, reading, school performance, and work should be stressed.

1. **There is a special time for speech to begin.** Children begin to say their first words around the age of one year and to combine words into "baby sentences" at about two. By the time they are four, most children are speaking in complete sentences, asking questions, using verb tenses, pronouns, and many other features of adult language. If a child is not exposed to adult language during this time it is very hard for him to learn to use adult language later.
2. **Stimulate the child with speech.** Parents should take advantage of this special time for language learning by talking to their children even though the children don't understand everything they are saying. The adult should speak directly to the child, at close range rather than from across the room, so that his/her voice is distinct and separate from other noises in the environment and so that the child sees the adult's face while s/he is speaking. When the child begins to imitate this vocal behavior of the adult, s/he should be rewarded with smiles and approval and encouragement to continue the vocal exchange.
3. **Be an interested listener.** Even if the child's words are unintelligible at first, the adult must make talking a stimulating, pleasant, rewarding experience. The adults must try to understand what the child is saying; nothing is more encouraging to a young child than to know that his adult listener understands him, and nothing is more discouraging than to have his listener turn away from him while he is trying to talk. Close parent and teacher contact and interaction is very important during the language learning period. Many opportunities for the child to interact and talk with children of his own age should be provided. Often, children are most stimulated by other children.
4. **Expand the child's speech.** Children begin to speak in short fragments, not in complete sentences. Parents and teachers can show a child that they understand him/her by repeating his/her "baby sentences" the way an adult would have said them. If the child says, "shoe," the adult can say, "Shoe. Yes, shoe. Here's your shoe. Put on your shoe." The child may replay with, "Put shoe." Then the adult can say, "Put shoe. Put the shoe on. Put it on. Put it on your foot." The child might, thus, be led to say, "Put shoe foot," which is a much better combination of words than the single word "shoe" that s/he started out with. It is this kind of word play that teaches the child adult ways of talking, and assists him/her in language development.
5. **Make the child aware of his/her surroundings.** A child will learn new words for new things that s/he encounters. Therefore, it is important to give him/her as many different experiences as possible. Visits to relatives and to neighbors are stimulating experiences for talking. Trips to the store allow him/her to hear the names of different kinds of food. A ride on a bus may require new words to be

- introduced - stop lights, passengers, traffic, driver, fare. A trip to the park will give him/her experience with words like trees, grass, squirrels, pigeons, sandbox, slide, and swing. A trip to the doctor or clinic introduces words like nurse, shot, weight, scale, pounds, and ounces. As his verbal experiences grow, so will his vocabulary, the list of things the child can name, remember, and talk about.
6. **Speak while you are doing things.** A child needs to hear language simultaneously with the activities it describes. Therefore, the adult should talk to the child about what the adult is doing as she is doing it. While the mother is preparing a meal, she can include the child by saying things like, "Let's get some water now. There, that's enough. No, it needs more. Now we light the stove with a match. Watch out. It's hot. There. Now the water will get hot. Then we'll put in the beans. They will get soft and then we can eat them." Talking to the child while doing things encourages him to talk, to ask questions, to understand reasons for adult actions. These are the moments during which children learn adult ways of thinking, behaving, and speaking.
 7. **Explain new words.** Children hear new words from parents and teachers but often do not understand their meanings. It is important for a child to have a way of asking, "What does ____ mean?" or to ask for a new word with the phrase, "What is this called?" Adults can anticipate children's needs by asking, "Do you know what _____ means?" or "Do you know the name of this?" The child who can ask these questions shows that s/he understands word-meaning relationships and that s/he is able to expand his/her vocabulary readily. Since new words introduce new concepts and ideas, the child with a growing vocabulary enriches his/her thinking with every new word s/he learns.
 8. **Speak clearly and in short sentences.** It is very important that the child has an adult model whom s/he can understand easily. Children who are just beginning to speak cannot understand a long sentence. It must be broken up into smaller units. A three-year-old might not understand the sentence, "If you don't come home when I call you, how will I know where you are when it is time for you to go to bed?" But a three-year-old could easily understand, "Stay in the yard. Don't cross the street. Pretty soon it will be bedtime. I will call you. I want you to come when I call." Teachers, too should be certain that instructions are given in small units which can be easily understood. It would be hard for a child to follow, "After you've hung up your coats and hats, come and sit in your chairs and be quiet so that I can tell you a story." It would be much better to say, "First hang up your clothes. Then sit down. Be quiet. I will tell you a story when you are ready."
 9. **Discuss events with children.** Children should be encouraged to talk with each other and with adults about the events of the day, what they have seen on television, what happened in school, on the playground, or at the neighbor's house. The exchange of such information makes children feel more family closeness; they appreciate knowing that parents are interested in what happens to them. Adults should be good listeners on these occasions, asking questions, showing appreciation, and relating events of their own day in which the children would be

interested. Part of the daily school routine can be a "talking time," a period set aside for group discussion, listening, questioning, and exchanging information. At home, parents can set aside mealtime or bedtime or an afterwork period when the family talks together. When the family is large, parents will have to establish a "good listening" attitude among children, insist that they take turns talking, and divide their own attention as equally as possible among children. Learning to listen to the other children and to be interested in what happens to them is an important part of family living. It is also an important part of language learning.

10. **Read to children.** Parents and teachers need to introduce a child to reading by letting the child see them read at home. Children are not taught to read until first grade, but long before that they know what reading is and enjoy having adults read to them. Libraries are full of picture books with simple stories which children enjoy, and any parent can take these out for a couple of weeks at a time. Children need to know that the world of reading is an interesting, stimulating, expanding world and that they can be a part of it. Children may learn to recognize certain common words even before they are taught to read. They learn to identify packages and cans of food by the labels; they learn to read the names of stores, street signs, buses, and newspapers just by seeing them so often and by having their parents read these words for them. Children take pride in recognizing their own names and they enjoy copying or tracing them on paper or on a blackboard. Pencil and paper are extremely interesting "toys" for children, and worth much more educationally than expensive dolls and trucks. Both teachers and parents can pave the way toward schoolbook reading by making it an interesting experience in which even preschool children can participate.

LESSON PLAN: 4

COURSE TITLE: Basic Paraprofessional Training

UNIT IV : Growth and Development

INFORMATION TOPIC: IV-4

INTERACTION ITEMS: (Review Items)

1. Define the following terms:
 - a. Communication
 - b. Language
 - c. Expressive language
 - d. Receptive language
2. What factors influence language development?
3. What are the basic parts of language?
4. Discuss the following principles of language development.
 - a. Children have an inborn or natural ability to process any language.
 - b. Language development is generally faster among girls.
 - c. Language is acquired.
 - d. Language development occurs in stages.
5. Discuss the patterns of speech and language development.

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Show filmstrip.

LESSON PLAN: 4

COURSE TITLE: Basic Paraprofessional Training

UNIT IV : Growth and Development

ANSWERS TO EVALUATION ITEMS

I.

- d 1. Communication is the transmitting of a message
- a. verbally
 - b. by phone
 - c. non-verbally
 - d. a & c
- a 2. Receptive language refers to
- a. listening/talking
 - b. speaking/listening
 - c. speaking/watching
- c 3. All of the following items are factors affecting language except
- a. physical factors
 - b. geographic factors
 - c. mental factors
 - d. language experiences with adults
- e 4. The basic parts of language
- a. form or structure
 - b. use
 - c. content
 - d. none of the above
 - e. all of the above
- c 5. Which of the following statements does not pertain to the principles of language development?
- a. language development occurs in stages
 - b. language is acquired
 - c. early language development is generally faster among boys
 - d. most children have an inborn or natural ability to process any language

1. True/False

- F 1. Language is most easily learned when read.
- F 2. Phoneme, morpheme, and syntax refer to language content.
- F 3. Use, as a basic part of language, refers to having knowledge of the meaning of words.
- T 4. Language is acquired.
- T 5. Language development occurs in systematic, organized stages.

2. Matching

- f 1. early infancy
- d 2. 1 month
- h 3. 3 months
- b 4. 6 months
- e 5. 11 months
- a 6. 12 months
- g 7. 15 months
- c 8. 2 years

Developmental Ability

- a. Begins to speak one word
- b. Babbles using consonant and vowel sounds
- c. Expresses self primarily by using language
- d. Differentiates spoken from unspoken word
- e. Follows one-step commands
- f. Comfort and discomfort is expressed through crying
- g. Responds to verbal commands given without gestures
- h. Coos and recognizes different tones of parent's voices

LESSON PLAN: 5

COURSE TITLE: Basic Paraprofessional Training

UNIT IV: Growth and Development

SCOPE OF UNIT:

This unit presents key concepts related to physical and sensorimotor development, intellectual, social and emotional, language, and sexual development.

INFORMATION TOPIC: IV-5

SEXUAL DEVELOPMENT
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Identify two key concepts related to the prenatal stage of development.
2. Identify eight key concepts related to infancy.
3. Identify four key concepts related to childhood.
4. Identify eight key concepts related to puberty.
5. Identify three key concepts related to adolescence.
6. Identify four key concepts related to adulthood.
7. Identify two key concepts related to old age.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

None

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCE: (Instructor's Additional Information)

Bellamy, G.T., Clark, G.M., Harne - Nietupski, S., and Williams, W. "Habilitation." Education and Training of the Mentally Retarded, Dec., 1977, pp 364-372.

Gordon, S., "Coming to Terms With Your Own Sexuality First." Journal of School Health, May, 1979

Thurman, R.L., Bassin, J., & Ackermann, T. "Sexuality, Sex Education and the Mentally Retarded: One Educational Approach." Mental Retardation, February, 1976, p. 19.

"Toward A Psychology of Being Sexually Very Healthy". James Brown Associates, 302 W. 15th Street, Suite 200, Austin, Texas, 78701.

INTRODUCTION:

Social sexual awareness develops sequentially throughout one's lifetime. First to develop is the individual's awareness of self - bodily, identity, and image. Then friendships develop with members of the same sex followed by members of the other sex. Later in the process, the individual develops intimate relationships. The entire process of sexual development is influenced by the individual's environment such as parents, siblings, and relatives. This lesson will discuss sexual development in more detail.

LESSON PLAN: 5

COURSE TITLE: Basic Paraprofessional Training

UNIT IV : Growth and Development

INFORMATION TOPIC: IV-5

OUTLINE: (Key Points)

I. Key concepts related to the Prenatal Stage

- A. In the prenatal stage chromosomes and hormones play a role in sexual development
- B. Chromosomes
 - 1. Male - xy
 - 2. Female - xx
 - 3. Man determines gender since woman has only x chromosomes.
 - 4. Sex organs differentiate into testes at 6 or 7 weeks for male and into ovaries about 12 or 13 weeks for female.

II. Key concepts related to infancy

- A. Sex differences are usually first emphasized at birth.
- B. Infant can be considered psychosexually neutral until up to about 18 months of age.
- C. Infants aren't consciously aware of gender.
- D. Infant becomes aware of gender around 18 months.
- E. Mother more involved than father during first year.
- F. Fathers of 3-month-old babies spend an average of 37 seconds per day with children.
- G. Fathers become involved with child during second year in typical male fashion, such as playing with baby rather than nourishing it.
- H. Processes
 - I. Trust vs. mistrust
 - a. Depending on response of parents
 - 1) Physical comfort through holding, feeding, bathing, changing diapers

2. Emotional comfort
3. Stimulation through playing, vocalization, mobility
- b. In cold and rough environment distrust can result
2. Self exploration
 - a. Process of learning about physical self
 - b. During first three years of life children receive pleasure in exploring bodies.
 1. Masturbation begins in this process of exploration.
 2. Common, and causes harm only when people feel guilty about it
 3. Consciousness of body functions is imposed during toilet training and will learn bodies and excrements are dirty and shameful, or natural and good

III. Key concepts related to childhood

- A. Conscious learning of sex roles begins at about 18 months of age.
- B. Begins to internalize expectations of others with development of language
 1. Choice of toys
 2. Subtle expressions of displeasure
 3. Play activities
 4. Parents' attitudes toward own sex identity
- C. School exerts enormous influence over sex role development from age six onward.
- D. Processes
 1. Role identification
 - a. Masculinity and femininity are largely imposed.
 - b. True sexual role and personality patterns are established through identification with own sex.
 2. Sexual anxiety
 - a. Conscience development occurs around age five or six.

- b. This process greatly influences attitudes during pre and early school age.
 - c. Answering questions truthfully and avoiding harsh punishment for simple acts of sexual experimentation will contribute positively in developing attitudes free of shame and guilt
- 3. Sexual curiosity
 - a. Begins before child enters school and often continues throughout life if not satisfied
 - b. Need opportunity to work through feelings in healthy manner as conscience is developing
- 4. Early school-gang stage
 - a. Interest broadens—children want to learn details of anatomy and reproduction
 - b. Interest is directed to children of same sex and homosexual acts during this period are quite common and normal
 - c. Natural curiosity and desire to compare self with same sex to reassure self of what's normal
 - d. Harsh punishment may convince the child she/he is destined to be homosexual or that sexual feelings are shameful

IV. Key concepts related to Puberty

- A. Usually lasts two years
- B. Extreme ages for onset - 7 to 14 years
- C. Girls usually start at earlier age than boys
 - 1. Girls - age 10
 - 2. Boys - age 12
- D. Time when person becomes physically able to become father or mother
- E. Physical changes that occur
 - 1. Boys
 - a. Broadening of shoulders
 - b. Growth of hair
 - 1) Face
 - 2) Armpits
 - 3) Pubic area

- c. Muscular development - greater strength
- d. Changes in voice pitch—voice cracks and deepens
- e. Development of reproductive system—genital growth, menstruation

2. Girls

- a. Broadening of hips—wider pelvis
- b. Growth of hair
 - 1) Armpits
 - 2) Pubic area
- c. Breast development
- d. Changes in voice pitch
- e. Development of reproductive system—genital growth, menstruation

F. Interest shifts to opposite sex.

G. Fantasies become more sexual in nature.

H. The manner in which emotional shifts and physiological changes of puberty are handled may determine many attitudes—such as self esteem.

V. Key concepts related to adolescence

- A. Sexual feelings experienced and developed in infancy and childhood return with greater intensity and usually directed toward opposite sex.
- B. Reawakening of past developmental issues occurs.
- C. Difficult period for most people—period of inner turmoil (learn to know whole new body—feeling and behavior).

1. Physical development

- a. Different maturing rates for girls and boys and among members of same sex can lead to difficulties—can affect self-image.
 - 1) Unusually early maturing child—expect too much
 - 2) Unusually late maturing child—left behind
- b. Often act and feel awkward and clumsy

2. Psychological development

- a. Self conscious
 - 1) Adolescence creates and intensifies self-awareness

- 2) Concerned about status with immediate peers
- b. Preoccupation with questions and finding identity
 - 1) Early adolescence - Who am I really—who and what one is
 - 2) Late adolescence - Where do I belong-what to do about it
- c. Idealism
- d. Sense of hopelessness, futility
- e. Proneness to rebellion
 - 1) Attitudes developed earlier are tested.
 - 2) Those that don't coincide with peer group are discarded.

VI. Key concepts related to adulthood

- A. Sense of identity is established.
- B. Having children of own
- C. In late 40's menopause occurs and families must cope with children leaving home.
- D. In 50's people begin to deal with aging and impact on sexuality.

VII. Key concepts related to Old Age

- A. Must cope with being old
- B. Sexuality still important to the elderly.

VIII. Summary and conclusion

- A. Key concepts related to the prenatal stage
- B. Key concepts related to infancy
- C. Key concepts related to childhood
- D. Key concepts related to puberty
- E. Key concepts related to adolescence
- F. Key concepts related to adulthood
- G. Key concepts related to old age

In this lesson, key concepts related to normal sexual development have been discussed. This information will help you in understanding the sexual development and needs of the residents who are developmentally disabled.

LESSON PLAN: 5

COURSE TITLE: Basic Paraprofessional Training

UNIT IV : Growth and Development

INTERACTION ITEMS: (Review Items)

1. Which parent determines the gender of the child?
2. At what age do children first become aware of gender?
3. How do parents encourage the development of trust in children?
4. Is it normal for children to explore their bodies?
5. Is it normal for children to masturbate?
6. How are feminine and masculine roles developed?
7. At what age do homosexual actions normally occur?
8. Is harsh punishment recommended when children compare their bodies with one another?
9. About how long does puberty last?
10. What physical changes occur during puberty?
11. Describe the psychological development occurring during adolescence.
12. What sexual issues must be resolved in adulthood?
13. Are elderly people still sexually active?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES:

1. Have students observe children in a preschool setting. Discuss their observations. Emphasize role development and how children exhibit this.

LESSON PLAN: 5

COURSE TITLE: Basic Paraprofessional Training

UNIT IV : Growth and Development

ANSWERS TO EVALUATION ITEMS

- a 1. Social sexual awareness develops:
- a. Sequentially
 - b. Randomly
 - c. During a two year period
 - d. One year after birth
- a 2. Who determines the sex of a child?
- a. male
 - b. female
- d 3. Conscious learning of sex roles begins at about:
- a. Two years of age
 - b. Twelve months of age
 - c. Four years of age
 - d. Eighteen months of age
- d 4. Sex differences are usually first emphasized at:
- a. School
 - b. Home
 - c. With friends
 - d. At birth
- a 5. Which of the following is not characteristic of the adolescent period?
- a. Emotional calm and serenity
 - b. Emotional turbulence
 - c. Feelings of hopelessness and futility
 - d. Questioning of, "Who am I?"

True/False

- T 1. Fathers of 3 month old babies spend an average of 37 seconds a day with their children.
- F 2. Infants are consciously aware of gender.
- T 3. Sexual roles and personality patterns are established through identification with one's own sex.
- F 4. Puberty generally lasts about six months.

LESSON PLAN: I

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

SCOPE OF UNIT:

This unit is designed to assist the learner in understanding developmental disabilities. Topics include developmental disabilities, mental retardation, cerebral palsy, autism, specific learning disabilities, neurological impairments, and seizure disorders/epilepsy.

INFORMATION TOPIC: V-I

DEVELOPMENTAL DISABILITIES
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Define developmental disability and give three examples of a developmental disability.
2. Recall seven myths and misunderstandings about developmental disabilities.
3. Identify three key concepts related to normalization.
4. Identify four key concepts related to humanization and state why dehumanization occurs in large institutions.
5. Identify nine key concepts related to the developmental model.
6. Identify ten habilitative needs of a person with a developmental disability and match the habilitative need with the activity that most closely relates to it.
7. List two areas of assessment and one assessment tool used in each of the areas listed.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO I: Normalization

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Lukenbill, R., Lillie, B., Sanddal, N., Hulme, J., Calkins, C., and McKibben, M. Respite Care Training Manual. Kansas City, MO: University of Missouri-Kansas City -University Affiliated Facility.

Perske, Robert. Hope for the Families. Nashville, TN: Abingdon Press, 1981, pp. 25-26, 33-58.

INTRODUCTION:

This lesson will introduce concepts that will provide a framework for understanding and implementing positive treatment programs for people with developmental disabilities. As you study this lesson, bear in mind that the residents you are working with are people first and residents second. They have the same needs and feelings as you and I. We should try not to label them as the MR resident, for example, but rather should refer to them by name and speak of them as having a specific disability. After all, if you were in their situation, how would you want to be treated?

LESSON PLAN: I

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

INFORMATION TOPIC: V-I

OUTLINE: (Key Points)

I. Definitions, classifications, syndromes

A. "Developmental Disability" is defined as: a severe, chronic disability which:

1. Is attributable to a mental or physical impairment
2. Is manifested before age 18
3. Is likely to continue indefinitely
4. Results in substantial functional limitations in three or more life activities:
 - a. Self-care
 - b. Receptive and expressive language
 - c. Learning
 - d. Mobility
 - e. Self-direction
 - f. Capacity for independent living
 - g. Economic self-sufficiency
5. Reflects need for extended services which are individually planned

B. Developmental disabilities include:

1. Mental retardation
2. Cerebral palsy
3. Epilepsy
4. Autism
5. Specific learning disabilities

6. Neurological disorders
7. Communication disorders
8. Physical handicaps
9. Visual handicaps
10. Hearing handicaps

II. Myths and misunderstandings

- A. All people with developmental disabilities are alike.
- B. People with developmental disabilities cannot learn.
- C. People with developmental disabilities are happy the way they are.
- D. People with developmental disabilities are better off in an institution.
- E. We must do things for people with developmental disabilities because they are unable to do for themselves.
- F. Safety for people with developmental disabilities is more important than teaching them responsibility.
- G. Entering into an adult/child relationship with people with developmental disabilities, regardless of their age, creates a loving atmosphere.

III. Key concepts related to normalization

- A. Normalization is:
 1. Making available to people with developmental disabilities the conditions of everyday life
 2. Providing opportunities for the person with developmental disabilities to:
 - a. Experience the normal developmental experiences of the life cycle
 - b. Develop relationships with members of the other sex
 - c. Learn about and experience appropriate social roles
 3. Providing opportunities to participate in the normal activities of home
 4. Providing opportunities to participate in new activities
 5. Utilizing the skills and abilities of the individual to meet challenges and experience a normal life

- B. The concept of normalization was developed in the Scandinavian countries during the 1960's.
 - 1. The concept was introduced in the U.S. during the early 1970's.
 - 2. It has promoted the concept of community-based treatment.
- C. Normalization helps combat dehumanization and institutionalization of people with developmental disabilities (HO 1).

IV. Key concepts related to humanization

- A. Dehumanization is the process of depriving an individual of human qualities. It continues to be a problem in treating large populations of people in institutions.
 - 1. Large groups of people confined in institutions were forced to forego their basic human rights.
 - a. Prisons
 - b. Institutions for people who were mentally ill
 - c. Insititutions for people with developmental disabilities
 - d. Military
 - 2. People were institutionalized or expected to:
 - a. Follow the rules without question
 - b. Give up personal belongings including clothing upon admission
 - c. Make few or no personal decisions regarding:
 - 1) Treatment
 - 2) Eating
 - 3) Smoking
 - 4) Going to bed or getting up in the morning
 - 5) Watching TV programs
 - 3. Professionals believed these people were unable to make decisions on their own and needed the protection of the institution.
- B. In recent years, people have made attempts to establish more human living conditions and deinstitutionalize people who live in institutions by:
 - 1. Encouraging greater independence through decision making and active participation in treatment planning

2. Normalizing the individual's life style
 3. Following an individualized developmental model for treatment
 4. Treating the individual in the least restrictive environment possible
- C. Humanization recognizes the basic human rights of any individual regardless of their disabilities.
1. Humanization practices followed the Civil Rights movement of the 1960's.
 2. Services must be provided to assist the resident in moving from the institution to the community setting.
 3. Missouri has taken legal measures to insure the availability of community services.

VI. Key concepts related to the developmental model

- A. Basic premises
1. Types and range of services will change as the needs of the resident change.
 2. Life is a process of change.
 3. Human growth and development is orderly, sequential and predictable.
 4. All persons have the capacity for growth.
 5. The rate and direction of growth can be influenced by environmental and supportive factors.
 6. Growth and development should be encouraged throughout one's lifetime regardless of any disabilities a person may have.
- B. The developmental model encourages interaction and participation in treatment by the resident.
- C. The developmental model provides the residents with opportunities for exercising control over their lives.
- D. The developmental model provides opportunities for residents to imitate staff's behavior.
- E. Residents are seen as individuals.
- F. The physical environment is designed to allow privacy for the residents.
1. Reflects home-like environment
 2. Reflects a normal life-style

G. Residents are respected:

1. They are treated according to their age and are expected to act their age.
2. They are called by name and are not labeled.

H. Residents are encouraged to accept more responsibility.

- I. Residents are encouraged to take normal risks and meet normal challenges.

VII. Habilitation needs

A. Independent functioning

1. Eating
2. Toilet use
3. Cleanliness
4. Appearance
5. Care of clothing
6. Dressing and undressing
7. Travel
8. General independent functioning

E. Physical development

1. Sensory development
2. Motor development

C. Economic activity

1. Money handling and budgeting
2. Shopping skills

D. Language development

1. Expression
2. Comprehension
3. Social language development

- E. Numbers and time
- F. Domestic activity
 - 1. Cleaning
 - 2. Kitchen duties
- G. Vocational activity
 - 1. Initiative
 - 2. Perseverance
 - 3. Leisure time
 - 4. Responsibility
 - 5. Socialization

(NOTE: These needs are taken from the Adaptive Behavior Scale. Other tools may be used in the assessment of habilitative needs.)

VIII. Purpose and example of tools for areas of assessment (information to be provided by instructor)

- A. Psychological/psychiatric
- B. Social
- C. Health care
- D. Educational
- E. Vocational
- F. Speech and language
- G. Developmental
- H. Allied Health

IX. Summary and conclusion

- A. Definitions, classifications, and syndromes
- B. Myths and misunderstandings
- C. Key concepts related to normalization
- D. Key concepts related to humanization

- E. Key concepts related to the developmental model
- F. Habilitation needs
- G. Areas of assessment

In this lesson we have defined developmental disabilities and discussed the concepts of normalization, humanization, and deinstitutionalization. This information will provide a framework for understanding current treatment modalities.

NORMALIZATION MEANS

Normalization means...a normal rhythm of the day.

You get out of bed in the morning, even if you are profoundly retarded and physically handicapped; you get dressed, and leave the house for school or work, you don't stay home; in the morning you anticipate events, in the evening you think back on what you have accomplished; the day is not a monotonous 24 hours with every minute endless.

You eat at normal times of the day and in a normal fashion; not just with a spoon, unless you are an infant; not in bed, but at a table; not early in the afternoon for the convenience of the staff.

Normalization means...a normal rhythm of the week.

You live in one place, go to work in another, and participate in leisure activities in yet another.

You anticipate leisure activities on weekends, and look forward to getting back to school or work on Monday.

Normalization means...a normal rhythm of the year.

A vacation to break the routines of the year.

Seasonal changes bring with them a variety of types of food, work, cultural events, sports, leisure activities.

Just think...we thrive on these seasonal changes.

Normalization means...normal developmental experiences of the life cycle.

In childhood, children, but not adults, go to summer camps.

In adolescence, one is interested in grooming, hairstyles, music, boyfriends and girlfriends.

In adulthood, life is filled with work and responsibilities.

In old age, one has memories to look back on, and can enjoy the wisdom of experience.

Normalization means...having a range of choices, wishes, desires respected and considered.

Adults have the freedom to decide, where they would like to live, what kind of job they would like to have and can best perform.

Whether they would prefer to go bowling with a group, instead of staying home to watch television.

Normalization means...living in a world made of two sexes.

Children and adults both develop relationships with members of the opposite sex.

Teenagers become interested in having boyfriends and girlfriends.

And adults may fall in love, and decide to marry.

Normalization means...the right to normal economic standards.

All of us have basic financial privileges and responsibilities, are able to take advantage of compensatory economic security means, such as child allowances, old age pensions, and minimum wage regulations.

We should have money to decide how to spend, on personal luxuries or necessities.

Normalization means...living in normal housing in a normal neighborhood.

Not in a large facility with 20, 50, or 100 other people because you are retarded.

And not isolated from the rest of the community.

Normal locations and normal size homes will give residents better opportunities for successful integration with their communities.

Source: Perske, Robert, Hope for the Families
Nashville, TN: Abingdon Press, 1981

LESSON PLAN: I

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

INFORMATION TOPIC: V-I

INTERACTION ITEMS: (Review Items)

1. Define developmental disability and give examples of developmental disabilities.
2. Give examples of myths and misunderstandings for developmental disabilities.
3. What is meant by normalization?
4. Why is normalization important?
5. What is meant by humanization and why is this concept important?
6. What is the developmental model?
7. List some of the basic premises of this model.
8. Give examples of assessment tools and tell in which assessment area they are used.
9. What is meant by deinstitutionalization?
10. What is meant by treatment in the least restrictive environment?
11. What are the habilitation needs of the individual with a developmental disability?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. While you are with the resident, examine the surroundings and think about his/her activities. Ask yourself such questions as:
 - a. Is the environment home-like?
 - b. Do the daily activities seem like that of a normal everyday routine?
 - c. Do the experiences of the resident seem humanizing or dehumanizing?
 - d. Does the environment tend to institutionalize or deinstitutionalize the resident?
 - e. What can you do to make the environment more normal?
2. Make a list of things you have done today that promoted sense of human dignity among the residents. Did you do or say anything that was dehumanizing?

LESSON PLAN: I

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

ANSWERS TO EVALUATION ITEMS

I. True - False:

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

- F 1. Developmental disability is defined as a mild, short-term disability.
- F 2. A person suffering from a developmental disability responds best to services which utilize group dynamics.
- T 3. Developmental disabilities can be attributed to a physical or mental impairment.
- F 4. A developmental disability generally does not become evident before the age of 21 years.
- T 5. An individual suffering from a developmental disability may show functional limitation in self-care, learning, and in the capacity for independent living.
- F 6. All people with developmental disabilities are alike.
- F 7. People with learning disabilities cannot learn and therefore are better off in an institution.
- F 8. An adult to child relationship with people who are developmentally disabled is ideal because it creates a loving atmosphere.
- T 9. People who are developmentally disabled do not always like the way they are.

II. Multiple Choices:

Select the best answer and write the letter in the space provided.

- b 1. The concept of community-based treatment best describes:
 - a. Socialization
 - b. Normalization
 - c. Reintegration
 - d. None of the above
- c 2. Which of the following is not a basic premise of the developmental model?
 - a. Life is a process of change.
 - b. The rate and direction of growth can be influenced by environmental and supportive factors.
 - An institutional setting is required.
 - Human growth is orderly and predictable.

- d 3. Which of the following best describes the developmental model?
- a. Encourages interaction by the resident with the treatment provided
 - b. Allows the resident to participate in the treatment
 - c. Provides the resident with the opportunity to exercise control over their lives
 - d. All of the above
 - e. None of the above

III. Matching:

Match the habilitation needs, listed with the activity that most closely relates to the need.

- | | |
|----------------------------------|----------------------|
| <u>e</u> 1. Independent function | a. Motor development |
| <u>a</u> 2. Physical development | b. Kitchen duties |
| <u>f</u> 3. Economic activity | c. Socialization |
| <u>d</u> 4. Language development | d. Comprehension |
| <u>b</u> 5. Domestic activity | e. Travel |
| <u>c</u> 6. Vocational activity | f. Budgeting |

IV. Short Answer:

- I. Give three examples of a developmental disability.

- 1. Mental retardation
- 2. Cerebral palsy
- 3. Epilepsy
- 4. Autism
- 5. Specific learning disabilities
- 6. Neurological disorders
- 7. Communication disorders
- 8. Physical handicaps
- 9. Visual handicaps
- 10. Hearing handicaps

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2. Large institutions have a tendency to become dehumanizing in their approach to treatment. Explain why. (The answer is based on the following information:)

Dehumanization is the process of depriving an individual of human qualities. It continues to be a problem in treating large populations of people in institutions.

1. Large groups of people confined in institutions were forced to forego their basic human rights
 - a. Prisons
 - b. Institutions for people who were mentally ill
 - c. Institutions for people with developmental disabilities
 - d. Military
2. People were institutionalized or expected to:
 - a. Follow the rules without question
 - b. Give up personal belongings including clothing upon admission
 - c. Make few or no personal decisions regarding:
 - 1) Treatment
 - 2) Eating
 - 3) Smoking
 - 4) Going to bed or getting up in the morning
 - 5) Watching TV programs
3. List two areas of assessment and one assessment tool used in each of the areas listed. (Assessment tools will depend on examples given by instructor.)

A. Psychological/psychiatric	E. Vocational
B. Social	F. Speech and language
C. Health care	G. Developmental
D. Educational	H. Allied health

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

SCOPE OF UNIT:

This unit is designed to assist the learner in understanding developmental disabilities. Topics include developmental disabilities, mental retardation, cerebral palsy, autism, specific learning disabilities, neurological impairments, seizure disorders/epilepsy, and communication disorders.

INFORMATION TOPIC: V-2

MENTAL RETARDATION
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Define mental retardation and recall key concepts related to mental retardation.
2. Recall the incidence and etiology of mental retardation.
3. Define adaptive behavior.
4. List the causes of mental retardation.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Films (available from Missouri Division of Health)
 - a. Mental Retardation
 - b. Somebody Waiting
2. Videotape (1/2" or 3/4"): "What a Life" (available from UAF)

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Batshaw, M. L. Children with Handicaps. Baltimore: Paul H. Brookes Publishing Co., 1981, pp. 127-152.

Missouri Special Education Services: Regulations, Standards and Procedural Guidelines. Missouri Department of Elementary and Secondary Education, 1977.

Payne, J. et al. Exceptional Children in Focus. 2nd ed. Columbus: Charles E. Merrill Publishing Co., 1979, pp. 44-58.

INTRODUCTION:

Mental retardation is a behavioral characteristic, not an illness or disease. It is a symptom which can be related to or result from an illness or disease, psychological or social deprivation, injury, genetic disorder, birth defect or lack of adequate education. With early diagnosis, proper treatment, and education, the person who is mentally retarded has a better chance of leading a satisfying and productive life.

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

INFORMATION TOPIC: V-2

OUTLINE: (Key Points)

I. Key concepts related to mental retardation

A. Definition

1. Significantly subaverage intelligence (intellectual functioning is at least two standard deviations below the norm)
2. Exists concurrently with a deficit in adaptive behavior
3. Occurs during the developmental period which is from prenatal through 18 years of age

B. Classifications/syndromes

1. Mild and moderate

- a. Capable of academic, social, and vocational training
- b. Require specialized training
- c. IQ Levels
 - 1) Mild 50-70
 - 2) Moderate 35-49

2. Severe

- a. Have potential for training in:
 - 1) Self-care
 - 2) Social adjustment
 - 3) Vocation
- b. May function profitably at home
- c. Can work in sheltered workshop
- d. IQ Level: 20-34

3. Profound
 - a. Capable of basic self-care, e.g., toileting, feeding, etc.
 - b. Require constant attention for survival
 - c. IQ Level: below 20
 - d. Usually multiply handicapped
- C. Prognosis
 1. Very individualized
 2. Difficult to predict
 3. Dependent upon:
 - a. Severity of condition
 - b. Treatment available
 - c. Onset of treatment
 - d. Available supportive environment that will follow through with treatment
 4. Many who are mildly or moderately retarded can lead productive lives.
- D. Adaptive Behavior
 1. Adaptive behavior is the effectiveness of an individual in coping with the personal and social demands of his/her environment expected for that particular age and cultural group.
 2. Adaptive behavior scales are used for assessment of adaptive behavior.
 - a. Checklist of basic skills, arranged in developmental sequence
 - b. Used to determine functioning level based on what the person can or cannot do

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- b. Learning ability
- c. Social adjustment

II. Incidence and etiology

A. Incidence

- 1. 3 out of every 100 persons (3%)
- 2. Every 5 minutes a baby is born mentally retarded (100,000/year)

B. Etiology (over 250 specific causes have been identified)

1. Infection or intoxication

- a. Rubella
- b. Encephalitis
- c. Vaginal herpes
- d. Syphilis
- e. Group B Beta Strep
- f. Meningitis
- g. Fetal Alcohol Syndrome
- h. Heroin addiction
- i. Kernicterus (severe jaundice at birth)

2. Trauma or physical agent

- a. Eclampsia resulting in fetal high blood pressure
- b. Twisted umbilical cord resulting in fetal anoxia
- c. Premature separation of the placenta
- d. Long, difficult labor
- e. Fetal anoxia due to anesthetizing mother during delivery
- f. Sustained fevers of 105-107° during childhood

3. Disorders of metabolism, growth, or nutrition
 - a. Severe protein deficiency
 - b. Vitamin deficiencies
 - c. Metabolic disorders
 - 1) Phenylketonuria (PKU)
 - 2) Hypothyroidism
 - 3) Inability to metabolize sugar
4. Gross brain disease
 - a. Brain tumors
 - b. Abnormal blood formations
 - c. Sclerosis of the brain
5. Conditions due to unknown prenatal influence
 - a. Brain deformities
 - b. Hydrocephalus
 - c. Unusually large or small brain
6. Chromosomal abnormality
 - a. Down's syndrome
 - b. Turner's syndrome
7. Associated with prematurity
8. Psychosocial or environmental deprivation

III. Summary and conclusion

- A. Key concepts related to mental retardation
- B. Incidence and etiology

This lesson has presented key concepts related to mental retardation. We have defined mental retardation and discussed the classification and prognosis of MR. We have also examined the incidence and etiology of MR. Hopefully, you will realize from this discussion that people who are mentally retarded are individuals with varying potential for leading productive lives. As a developmental assistant, you will be in a position to assist the resident who is mentally retarded in reaching his/her highest level of functioning.

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

INFORMATION TOPIC: V-2

INTERACTION ITEMS: (Review Items)

1. Define mental retardation.
2. How is mental retardation classified?
3. What is the prognosis for a resident who is mentally retarded?
4. Define adaptive behavior.
5. What is the incidence of mental retardation?
6. What are the causes of mental retardation?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Show films.
2. Show videotape.

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

ANSWERS TO EVALUATION ITEMS

I. Multiple Choice:

Select the best answer and write the letter or number in the space provided.

- a 1. In which of the following classifications of mental retardation would the individual fall if he/she was capable of academic, social, and vocational training?
- a. Mild and moderate
 - b. Severe
 - c. Profound
 - d. Borderline
- b 2. Which of the following is not a classification for mental retardation?
- a. Severe
 - b. Imbecile
 - c. Profound
 - d. Mild
- a 3. In which of the classifications of mental retardation would the individual fall if he/she was considered "trainable"?
- a. Severe
 - b. Mild and moderate
 - c. Profound
 - d. Borderline
 - e. None of the above

3 4. The prognosis for an individual who is mentally retarded is dependent upon:

- a. Availability of treatment
- b. Severity of the condition
- c. Onset of treatment
- d. Availability of a supportive environment

- 1. a, c, & d
- 2. a, b, & c
- 3. all of the above
- 4. none of the above

II. True - False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

T 1. Adaptive behavior scales are used to determine the level of functioning based on what the individual can and cannot do.

F 2. IQ testing is the most comprehensive form of testing.

T 3. Impaired adaptive behavior may be reflected in social adjustments.

F 4. Ten out of every 100 persons in the U.S. are born mentally retarded.

F 5. Only 100 causes of mental retardation are known to us today.

III. Short Answer:

1. Define adaptive behavior.

The effectiveness of an individual in coping with the social and personal demands of his/her environment expected for that particular age and culture group.

2. List three causes of mental retardation.

1. Infection or intoxication

- a. Rubella
- b. Encephalitis
- c. Vaginal herpes
- d. Syphilis
- e. Group B Beta Strep

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- f. Meningitis
 - g. Fetal Alcohol Syndrome
 - h. Heroin addiction
 - i. Kernicterus (severe jaundice at birth)
- 2. Trauma or physical agent
 - a. Eclampsia resulting in fetal high blood pressure
 - b. Twisted umbilical cord resulting in fetal anoxia
 - c. Premature separation of the placenta
 - d. Long, difficult labor
 - e. Fetal anoxia due to anesthetizing mother during delivery
 - f. Sustained fevers of 105-107° during childhood
- 3. Disorders of metabolism, growth, or nutrition
 - a. Severe protein deficiency
 - b. Vitamin deficiencies
 - c. Metabolic disorders
 - 1) Phenylketonuria (PKU)
 - 2) Hypothyroidism
 - 3) Inability to metabolize sugar
- 4. Gross brain disease
 - a. Brain tumors
 - b. Abnormal blood formations
 - c. Sclerosis of the brain
- 5. Conditions due to unknown prenatal influence
 - a. Brain deformities
 - b. Hydrocephalus
 - c. Unusually large or small brain

6. Chromosomal abnormality
 - a. Down's syndrome
 - b. Turner's syndrome
7. Associated with prematurity
8. Psychosocial or environmental deprivation

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LESSON PLAN: 3COURSE TITLE: Basic Paraprofessional TrainingUNIT V : Understanding MR/DD

SCOPE OF UNIT:

This unit is designed to assist the learner in understanding developmental disabilities. Topics include developmental disabilities, mental retardation, cerebral palsy, autism, specific learning disabilities, neurological impairments, seizure disorders/epilepsy, and communication disorders.

INFORMATION TOPIC: V-3

CEREBRAL PALSY
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Define cerebral palsy.
2. Recall the etiology and incidence of cerebral palsy.
3. Indicate the prognosis of cerebral palsy.
4. Match the type of cerebral palsy with the appropriate description.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Film: "Fitting In" (available from UAF or Missouri Division of Health)

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCE: (Instructor's Additional Information)

Lukenbill, R., Lillie, B., Sanddal, N., Hulme, J., Calkins, C., and McKibben, M. Respite Care Training Manual. Kansas City, MO: University Affiliated Facility, UMKC, pp. 14, 15.

Payne, J., Kauffman, J., Patton, J., Brown, G., and DeMott, R. Exceptional Children in Focus. Columbus: Charles E. Merrill Publishing Co., 1979, pp. 77, 78.

INTRODUCTION:

Cerebral palsy is not a disease. Instead it is a result of damage to cerebral or brain tissue. Depending on the area of the brain damaged, a variety of physical handicaps can result. The damage interrupts the smooth flow of nerve impulses from the brain to the muscles causing a lack of control over muscles in the body. In this lesson, we will discuss some conditions which cause cerebral palsy as well as the major types of cerebral palsy.

LESSON PLAN: 3

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

INFORMATION TOPIC: V-3

OUTLINE:

- I. Definition of cerebral palsy
 - A. Disorder of movement or posture
 - B. Nonprogressive
 - C. Symptoms observed in childhood
 - D. Due to malfunction or damage to the brain
- II. Etiology and incidence
 - A. Cerebral palsy can occur before, during, or after birth
 - B. Causes include:
 1. Anoxia
 2. Infection
 3. Intoxication
 4. Hemorrhage
 5. Trauma
 6. Fever
 7. Prematurity
 - C. Incidence is 500,000 children in this country.
- III. Prognosis
 - A. Very individualized and difficult to predict.
 - B. Dependent upon:
 1. Severity of condition

2. Treatment available
3. Onset of treatment
4. Follow through of treatment

IV. Types of cerebral palsy and characteristic behavior

A. Spastic

1. Definition

- a. Increased muscle tone so that muscles are stiff and movements difficult
- b. Involuntary contractions occur when muscles are moved or stretched.

2. Characteristic behavior

- a. Stiff gait
 - 1) Legs want to cross when they walk.
 - 2) May walk on toes.
 - 3) Feet drag.
- b. Fingers are tight and rigid at all times.
- c. Eyes are crossed.
- d. Speech problems are present.
- e. High seizure activity
- f. Apprehensive about pain
 - 1) Muscles tighten causing pain.
 - 2) Results in more violent contractions
- g. Most common of the four types

B. Athetoid

1. Definition

- a. Uncontrollable muscle contractions
- b. Purposeless involuntary muscle movements

2. Characteristic Behavior

- a. Almost continuous, slow, purposeless movement of muscles of the toes, fingers or entire limbs and trunk
- b. Stiffness may be present.
- c. Not apprehensive about pain
- d. High seizure activity

C. Ataxic

1. Definition

- a. Involves movements required for balance, position in space, and posture
- b. These movements are awkward and uncoordinated.

2. Characteristic behavior

- a. Walks with a drunken gait
- b. Continuous movement of eyeballs may be present.
- c. Painful violent muscle spasms may be present.
- d. High seizure activity

D. Mixed

- 1. Several types of motor disability are present.
- 2. Spastic and athetoid types are frequently present.

V. Summary and conclusion

- A. Definition of cerebral palsy
- B. Etiology and incidence

This lesson has presented information about the types of cerebral palsy, characteristic behavior of each type, incidence and etiology of this disability.

LESSON PLAN: 3

COURSE TITLE: Basic Paraprofessional Training

UNIT V: Understanding MR/DD

INFORMATION TOPIC: V-3

INTERACTION ITEMS: (Review Items)

1. Define cerebral palsy.
2. What causes cerebral palsy?
3. What is the incidence of cerebral palsy?
4. What is the prognosis for a resident who has cerebral palsy?
5. Define each of the following types of cerebral palsy and describe the behavior characteristic of each.
 - a. Spastic
 - b. Athetoid
 - c. Ataxic
 - d. Mixed

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Show film.
2. Observe and/or interact with residents who have cerebral palsy.

LESSON PLAN: 3

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

ANSWERS TO EVALUATION ITEMS

I. Short Answer:

1. Define cerebral palsy.

C.P. is a nonprogressive disorder of movement and/or posture. It is caused by a malfunction or damage to the brain. The symptoms are observed in childhood.

2. What four factors influence the prognosis of an individual with cerebral palsy?
- Severity of the condition
 - Availability of treatment
 - Onset of treatment
 - Follow through of treatment

II. Matching:

Match the type of cerebral palsy with the appropriate description.

- Spastic
- Athetoid
- Ataxic
- Mixed

- b 1. Uncontrollable muscle contractions characterized by almost continuous, slow, purposeless movement of muscles.
- d 2. Several types of motor disability are present.
- c 3. Movements required for balance, position in space and posture are involved.
- a 4. Characterized by an increased muscle tone resulting in stiff gait, rigid fingers, and painful muscle contractures.

III. True - False

In the place provided, place a "T" if the statement is true or an "F" if the statement is false.

- F 1. Cerebral palsy ~~always~~ occurs before birth.

- T 2. A child who suffered severe trauma at the time of birth has a greater chance of having cerebral palsy.
- F 3. Over one million children in the U.S. have cerebral palsy.
- T 4. Cerebral palsy may result from a high fever.

IV. Multiple Choice:

Select the best answer and write the letter or number in the space provided.

- c 1. The most common type of cerebral palsy is:
- a. Athetoid
 - b. Ataxic
 - c. Spastic
 - d. Mixed
- 4 2. High seizure activity is related to which type of cerebral palsy?
- a. Athetoid
 - b. Spastic
 - c. Ataxic
 - d. Mixed
- | | |
|----------|---------------------|
| 1. a & c | 3. a, b, & c |
| 2. b & c | 4. all of the above |

LESSON PLAN: 4

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

SCOPE OF UNIT:

This unit is designed to assist the learner in understanding developmental disabilities. Topics include developmental disabilities, mental retardation, cerebral palsy, autism, specific learning disabilities, neurological impairments, seizure disorders/epilepsy, and communication disorders.

INFORMATION TOPIC: V-4

AUTISM
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Recall in writing five key concepts related to autism.
2. Recall in writing eight behaviors characteristic of autism.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Behavioral Signs and Symptoms of Autism
2. Film: "Bobby" (available from Hannibal and Rolla Regional center)

INFORMATIONAL ASSIGNMENT: (Student)

None

REFERENCE: (Instructor's Additional Information)

Batshaw, M. and Perret, Y. Children with Handicaps. Baltimore: Paul H. Brookes Publishing Co., 1981, pp. 294-298.

Lukenbill, R., Lillie, B., Sanddal, N., Hulme, J., Calkins, C., and McKibben, M. Respite Care Training Manual. Kansas City, MO: University Affiliated Facility, UMKC, pp. 17.

INTRODUCTION:

Autism is a severely handicapping condition characterized by severe communication disorders and repetitious and peculiar body movements. Although many theories have been suggested, research has not yet determined the cause. It is presently a popular belief that the child with autism sees, hears, tastes, smells, and touches an environment differently than you and I. In this lesson we will discuss in more detail key concepts related to autism and the characteristic behavior of the resident with autism.

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LESSON PLAN: 4

COURSE TITLE: Basic Paraprofessional Training

UNIT V: Understanding MR/DD

INFORMATION TOPIC: V-4

INFORMATION TOPIC: IV-5

OUTLINE: (Key Points)

I. Key concepts related to autism

A. Definition

1. Syndrome characterized by severe disorders of communication, learning, and behavior.
2. Brain dysfunction severely affects the processing of sensory input.
3. Characteristics necessary for diagnosing autism:
 - a. Age of onset before 30 months
 - b. Repetitive, ritualistic, purposeless behavior
 - c. Little if any voluntary interaction with others
 - d. Speech and language skills are delayed.
4. Degree of severity varies among individuals.

B. Etiology

1. Definite cause unknown.
2. Theories range from metabolic disorders to maternal neglect.
3. Possibly due to brain damage caused from trauma such as an infection.

C. Incidence is 4 in 10,000 children in this country.

D. Prognosis

1. Varies from one individual to the next
2. Influenced by

- a. Onset of treatment
 - b. Type of treatment services available
 - c. Follow-up of treatment
 - d. Severity of autism
- E. Conditions mistaken for autism include:
 - 1. Childhood schizophrenia
 - 2. Mental retardation
 - 3. Degenerative nervous system disorders
- II. Characteristic behavior of residents with autism
 - A. Extreme withdrawal
 - 1. Completely wrapped up in own world to the exclusion of everything and everybody in the environment
 - 2. Disoriented, detached, and disinterested in events around self
 - B. Dominated by subjective, self-centered trends of thought and behavior - reality contact is subjective and internal
 - C. Long-term impairment of relationship with others
 - 1. Unresponsive to other people
 - 2. Very little eye contact
 - 3. Exhibits no bodily response to being held or cuddled
 - 4. Absent or inadequate response to sound - simulates deafness
 - 5. Exhibits flat or inappropriate affect
 - D. Severe language disturbance
 - 1. Absence of useful speech
 - 2. Uses gestures to communicate.
 - 3. Displays parrotlike repetition of words spoken by others
 - E. Unable to use objects or toys for intended functions
 - F. Sustained resistance to change in the environment

G. Monotonous repetitive motor behavior

1. Rocking back and forth
2. Playing with fingers and toes
3. Spinning objects

H. Limited awareness of self as separate from the environment

III. Summary and conclusion

- A. Key concepts related to autism
- B. Characteristic behavior of residents with autism

In this lesson we have discussed the definition, etiology, incidence, and characteristic behavior of autism. This information should be valuable to you in your work with the resident who is autistic.

Behavioral Signs and Symptoms of Autism

1. Autism is difficult to diagnose because the symptoms may resemble mental retardation, deafness, and severe emotional disorders.
2. Autism should be seriously considered if the child exhibits 7 or more of the following traits.
3. Children who are not autistic may also exhibit these traits. Autistic children will exhibit these traits and their behavior will be constant and not age appropriate.
4. A conclusive diagnosis is made after a thorough physical, mental, and social history has been completed.

1. Difficulty in mixing with other children.



2. Acts as deaf.



3. Resists learning.



4. No fear of real dangers.



5. Resists
change
in
routine.



10. No eye
contact.



6. Indicates needs by
gesture.



11. Inappropriate
attachments
to objects.



7. Inappropriate
laughing,
giggling.



12. Spins objects.



8. Not
cuddly.



13. Sustained odd play.



9. Marked
physical
overactivity.



14. Standoffish
manner.



LESSON PLAN: 4

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

INFORMATION TOPIC: V-4

INTERACTION ITEMS: (Review Items)

1. Define autism.
2. What causes autism?
3. What is the incidence of autism?
4. What is the prognosis for a resident who is autistic?
5. What conditions are mistaken for autism?
6. What behaviors are characteristic of autism?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Show film.
2. Interact with autistic children.

LESSON PLAN: 4

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

ANSWERS TO EVALUATION ITEMS

I. True - False:

In the place provided, place a "T" if the statement is true or an "F" if the statement is false.

- F 1. The degree of severity of autism among individuals is generally consistent.
- F 2. Individuals with autism generally have hearing problems.
- T 3. The age of onset of autism is before 30 months of age.
- F 4. Autism is easily diagnosed.
- T 5. Autistic children do not adapt well socially.
- T 6. The cause of autism is not known.

II. Multiple Choice:

Select the best answer and write the letter in the space provided.

- b 1. Which of the following statements is not characteristic of an individual who is autistic?
 - a. Extreme withdrawal
 - b. Socially adaptable
 - c. Long-term impairment of relationships with others
 - d. Severe language disturbance
- c 2. Which characteristic least describes an individual who is autistic?
 - a. Unresponsive to people
 - b. Shows little emotion
 - c. Communicates well using language
 - d. Poor eye contact
- d 3. Autism is characterized by severe disorders of:
 - a. Behavior
 - b. Learning
 - c. Communication
 - d. All of the above
 - e. None of the above

a

4. The incidence of autism in the U.S. is:

- a. 4 in 10,000
- b. 1 in 100
- c. 10 in 20,000
- d. 6 in 10,000

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LESSON PLAN: 5

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

SCOPE OF UNIT:

This unit is designed to assist the learner in understanding developmental disabilities. Topics include developmental disabilities, mental retardation, cerebral palsy, autism, specific learning disabilities, neurological impairments, seizure disorders/epilepsy, and communication disorders.

INFORMATION TOPIC: V-5

SPECIFIC LEARNING DISABILITIES
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Identify four key concepts related to specific learning disabilities.
2. Identify five types of specific learning disabilities.
3. Recall in writing four educational considerations and remediation for the child with specific learning disabilities.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

INFORMATIONAL ASSIGNMENT:

REFERENCE: (Instructor's Additional Information)

Batshaw, M. and Perret, Y. Children with Handicaps. Baltimore: Paul H. Brookes Publishing Co., 1981, pp. 253-269.

Missouri Special Education Services: Regulations Standards and Procedural Guidelines. Missouri Department of Elementary and Secondary Education. Jefferson City, MO: 1977.

Payne, J., Kauffman, J., Patton, J., Brown, G., and DeMott, R. Exceptional Children in Focus. Columbus: Charles B. Merrill Publishing Co., 1979, pp. 21-30.

INTRODUCTION:

Specific learning disabilities are disorders which prevent normal children from learning basic skills. As students in the early grades, they quickly fall behind their peers in learning. This may result in frustration and low self-image because of their lack of progress. Early recognition of a learning disability gives the student a better chance in the school system. Treatment and/or education methods may vary from one setting to the next.

LESSON PLAN: 5

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

INFORMATION TOPIC: V-5

OUTLINE: (Key Points)

- I. Key concepts related to specific learning disabilities
 - A. Definition of specific learning disabilities
 1. Disorder in one or more of the psychological processes involved in understanding or in using spoken or written language (PL 94-142)
 2. Evidenced by disorders in thinking, listening, speaking, reading, writing, spelling, or doing mathematical equations
 3. Difficulty in learning basic academic tasks learned by other children
 4. There is a significant discrepancy between the actual level of functioning and expected level in consideration of intellectual potential and sensing capability.
 5. Severity may vary.
 6. Learning disabilities are not related to:
 - a. Mental retardation
 - b. Physical handicaps
 - c. Cultural deprivation
 - d. Emotional disturbance
 - B. Etiology
 1. Specific cause unknown
 2. Brain dysfunction
 - C. Incidence

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1. Approximately 15% of all school-age children in the United States
2. Approximately eight million children in the U.S.

D. Prognosis

1. Generally good
2. Varies depending on the severity of the specific learning disability, child's IQ, and motivation to learn
3. Improvement in learning occurs in most children with learning disabilities when education takes place in a setting geared for learning disabilities.
4. The learning disability will continue throughout the individual's life, but should not affect their ability to function as a productive member of society.

II. Types of learning disabilities

A. Reading

1. Dyslexia
2. Inability to translate visually perceived symbols into words
3. Words are seen but meaning is not understood
4. Most common of learning disabilities

B. Writing

1. Letter reversal
2. Mirror writing

C. Spelling

1. Auditory dyslexia - knows what the symbols look like but cannot associate the sound
2. Visual dyslexia - learns what letters sound like but cannot associate sound with the way letters look

D. Arithmetic

1. Unable to successfully manipulate number symbol
2. Cannot discriminate geometric forms
3. Memory span poor for immediate recall of symbols

- E. Spoken language
 - 1. Lisp
 - 2. Stuttering
 - 3. Aphasia - inability to understand or use language meaningfully

III. Educational considerations and remediation

- A. Learning should be individualized.
- B. Students with specific learning disabilities should be identified as early as possible.
- C. Generally one of two treatment methods is utilized.
 - 1. Treat and correct the learning disability.
 - 2. Assist the student in compensating for the disability.
- D. Classroom characteristics
 - 1. Well-trained, innovative, sensitive teachers
 - 2. Small class size
 - 3. Mainstreaming of students with less severe learning disabilities

IV. Summary and conclusion

- A. Key concepts related to specific learning disabilities
- B. Types of learning disabilities
- C. Educational considerations and remediation

In this lesson, we have discussed a developmental disability that is characterized by a normal child's inability to learn basic academic skills. The child with a learning disability has a greater chance for learning if the disability is discovered early and if education is individualized.

LESSON PLAN: 5

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

INFORMATION TOPIC: V-5

INTERACTION ITEMS: (Review Items)

1. Define specific learning disabilities.
2. What causes specific learning disabilities?
3. What is the incidence of specific learning disabilities?
4. What is the prognosis for people with specific learning disabilities?
5. What are the various types of specific learning disabilities?
6. What are some of the educational considerations for specific learning disabilities?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Show film on learning disabilities.

LESSON PLAN: 5

COURSE TITLE: Basic Paraprofessional Training

UNIT V: Understanding MR/DD

ANSWERS TO EVALUATION ITEMS

I. True - False:

In the space provided, place a "T" if the answer is True or an "F" if the answer is False.

- F 1. Children with learning disabilities are culturally deprived.
- T 2. Children with learning disabilities are emotionally disturbed.
- T 3. Children with learning disabilities have a brain dysfunction which makes it difficult for them to learn basic academic tasks.
- T 4. The etiology of learning disabilities is unknown.
- F 5. Approximately 20% of all school children have a specific learning disability.
- T 6. The prognosis for a child with a learning disability is generally good.
- F 7. Children with learning disabilities learn better in a normal classroom setting.
- F 8. A child will outgrow a learning disability.
- T 9. Reading is the most common learning disability.
- T 10. The severity of the learning disability will influence the prognosis.

II. Multiple Choice:

Select the best answer and write the letter in the space provided.

- d 1. This learning disability is characterized by an inability to translate visually perceived symbols into words. This type of learning disability is:
 - a. Writing
 - b. Spoken language
 - c. Spelling
 - d. Reading
- b 2. This learning disability is characterized by lisping, stuttering, and/or aphasia. This type of learning disability is:
 - a. Writing
 - b. Spoken language
 - c. Spelling
 - d. Reading

- a 3. This learning disability is characterized by mirror writing. This type of learning disability is:
- a. Writing
 - b. Spoken language
 - c. Spelling
 - d. Reading
- d 4. A form of this type of learning disability is called dyslexia. This type of learning disability is:
- a. Writing
 - b. Spoken language
 - c. Spelling
 - d. Reading
- d 5. An arithmetic learning disability is characterized by which of the following statements?
- a. Words are seen but the meaning is not understood.
 - b. There is an inability to understand or use language meaningfully.
 - c. Learns what letters sound like but cannot associate the sound with the way the letters look.
 - d. Memory span is poor for immediate recall of symbols.

III. Short Answer:

1. List two treatment methods for learning disabilities.
 - a. Treat and correct the learning disability.
 - b. Assist the student in compensating.
2. What size classroom is best for the student with a learning disability?
Circle the answer.

Large

Small

LESSON PLAN: 6

COURSE TITLE: Basic Paraprofessional Training

UNIT V: Understanding MR/DD

SCOPE OF UNIT:

This unit is designed to assist the learner in understanding developmental disabilities. Topics include developmental disabilities, mental retardation, cerebral palsy, autism, specific learning disabilities, neurological impairments, seizure disorders/epilepsy, and communication disorders.

INFORMATION TOPIC: V-6

NEUROLOGICAL IMPAIRMENTS
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Match the neurological impairment with the appropriate description of the condition.
2. Identify five key concepts related to encephalocele.
3. Identify six key concepts related to hydrocephalus.
4. Identify four key concepts related to spina bifida.
5. Identify four key concepts related to microcephaly.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. 35mm slides on neurological impairments available from SLDDTC
2. HO 1: Hydrocephalus
3. HO 2: Spina Bifida

INFORMATIONAL ASSIGNMENT: (Student)

None

REFERENCE: (Instructor's Additional Information)

Brunner, L. and Suddarth, D. The Lippincott Manual of Nursing Practice. 3rd ed. Philadelphia: J. B. Lippincott Co., 1982, pp. 1387-1396.

Carter, C. Medical Aspects of Mental Retardation. Springfield, IL: Charles C. Thomas Publishers, 1965.

INTRODUCTION:

Neurological impairments refer to a collection of disorders which involve some type of impairment of the central nervous system. These conditions are present at birth and many times are accompanied by birth defects involving systems other than the nervous system. In this lesson, we will discuss the more frequently seen disorders which result in neurological impairments.

LESSON PLAN: 6

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

INFORMATION TOPIC: V-6

OUTLINE: (Key Points)

I. Key concepts related to encephalocele

A. Definition

1. Congenital defect
2. Protrusion of brain matter through the skull or cervical spine
3. Commonly found in midline, occipital region

B. Etiology

1. Failure of the bones to unite in the normal way
2. Cause of bones not uniting is not known

C. Incidence is 1 in 6,500 in this country

D. Clinical manifestations will vary according to location of and amount of degeneration of brain tissue involved.

E. Surgery is indicated for:

1. Cosmetic purposes
2. Infection prevention
3. Ease in caring for the resident

II. Key concepts related to hydrocephalus

A. Definition

1. Cerebrospinal fluid is not properly circulated around the brain and spinal column
2. Results in an increased amount of fluid from inabsorption
3. The head enlarges as the fluid collects.

B. Etiology

1. Congenital - cause unknown

2. Occuring after birth
 - a. Meningitis
 - b. Trauma
 - c. Spontaneous intracranial bleeding
 - d. Tumors
 - C. Incidence is 3-4 per 1000 births in this country
 - D. Prognosis for normal motor and intellectual development is good if:
 1. Diagnosed and treated early
 2. Surgery is successful
 3. Follow-up care is good
 4. No other defects are present
 - E. Later clinical manifestations
 1. Enlarged head
 2. Prominent forehead
 3. Shiny scalp with prominent veins
 4. Drawing upward of the eyebrows and eyelids
 5. Infants have difficulty holding head up
 6. Possible physical and/or mental developmental lag
 - F. Treatment consists of surgical implants of shunts
- III. Key concepts related to spina bifida
- A. Definition - malformation of the spine in which there is incomplete fusion of one or more of the vertebral laminae
 - B. Etiology - unknown—occasionally hereditary, but in majority of patients, there is not history of familial occurrence.
 - C. Incidence is 2 per 1000 births in this country
 - D. Types

1. Myelocoele

- a. Extreme spina bifida in which the neural tube has failed to close.
- b. A granular red mass in the midline of the surface of the back is present
- c. The vertebral arches are missing
- d. The cord is underdeveloped
- e. Nerve elements have no covering
- f. Surgery is indicated for:
 - 1) Cosmetic purposes
 - 2) Infection prevention
 - 3) Ease in caring for the resident

2. Myelomeningocele

- a. External protrusion of the meninges and spinal cord and/or nerve roots through the opening to form a visible sac along the spinal column
- b. Symptoms and problems are associated with neurological deficits according to the location and extent of the lesion
 - 1) Lack of control of bowel function
 - 2) Lack of control of bladder function
 - 3) Muscle weakness
 - 4) Loss of skin sensitivity
- c. Surgery is indicated for:
 - 1) Cosmetic purposes
 - 2) Infection prevention
 - 3) Ease in caring for the resident

3. Meningocele

- a. External protrusion of the meninges through the opening.
- b. Visible sac along the spinal column is present

- c. Weakness of the legs or loss of sphincter control is usually not present
 - d. Prognosis is good
 - e. Surgery is indicated for:
 - 1) Cosmetic purposes
 - 2) Infection prevention
 - 3) Ease in caring for the resident
 - f. Hydrocephalus may be present or may develop after surgery
4. Spina bifida occulta
- a. The cord or meninges are not involved
 - b. There may be no symptoms
 - c. A dimple in the skin or hair growth or birth mark may be present over the area
 - d. Sometimes found accidentally on x-ray
 - e. Treatment is not necessary unless neurologic symptoms are present or the spinal cord is involved

IV. Key concepts related to microcephaly

- A. Definition - a congenital condition resulting in an abnormally small head which usually has a smaller circumference than the chest. Results in a small brain.
- B. Etiology - low iodine levels within the mother during pregnancy is one of many suspected causes
- C. Incidence is rare.
- D. 97% of those born with microcephaly are mentally retarded. Severity of mental retardation varies among individuals.

V. Summary and conclusion

- A. Key concepts related to encephalocele
- B. Key concepts related to hydrocephalus
- C. Key concepts related to spina bifida
- D. Key concepts related to microcephaly

In this lesson, we have discussed four of the more frequently seen neurological impairments.

Hydrocephalus



**VENTRICULO-PERITONEAL
SHUNT IN PLACE**



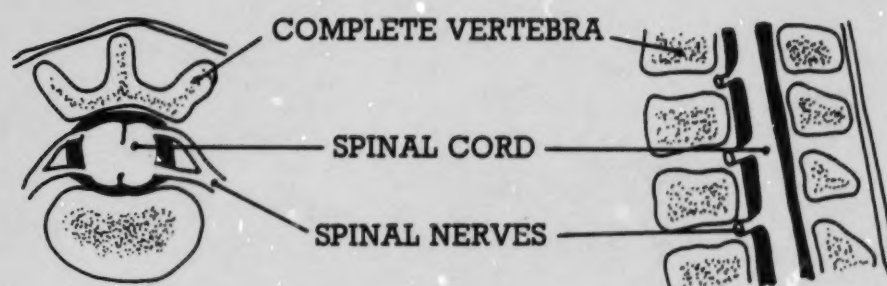
**NORMAL
VENTRICLES**



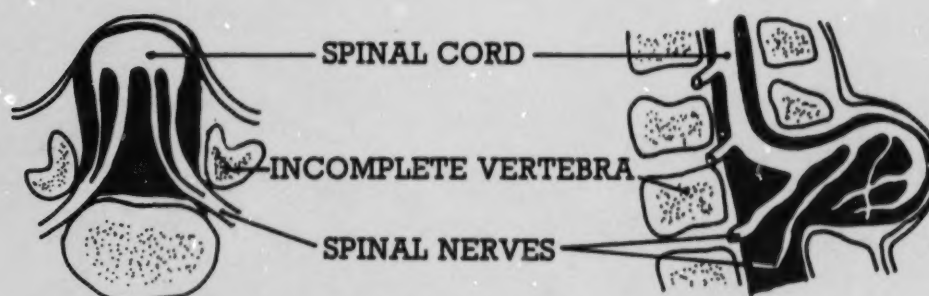
**ENLARGED
VENTRICLES**

Spina Bifida

NORMAL SPINE AT BIRTH



SPINA BIFIDA



692

100

778



MENINGOMYELOCELE

LESSON PLAN: 6

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

INFORMATION TOPIC: V-6

INTERACTION ITEMS: (Review Items)

1. Define the following terms.
 - a. Encephalocele
 - b. Hydrocephalus
 - c. Spina bifida
 - d. Microcephaly
2. What causes each of the following disorders?
 - a. Encephalocele
 - b. Hydrocephalus
 - c. Spina bifida
 - d. Microcephaly
3. What is the incidence of each of the following disorders?
 - a. Encephalocele
 - b. Hydrocephalus
 - c. Spina bifida
 - d. Microcephaly
4. What are the clinical manifestations of encephalocele and hydrocephalus?
5. What are the different types of spina bifida and how does each type differ?
6. How is each of the following disorders treated?
 - a. Encephalocele
 - b. Hydrocephalus
 - c. Spina bifida
 - d. Microcephaly

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES:

1. Show 35mm slides.
2. Interact and/or observe residents with neurological impairments.

LESSON PLAN: 6

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

ANSWERS TO EVALUATION ITEMS

Matching:

Match the neurological impairment to the correct description of the condition.

- | | | | |
|----|----------------|----|--------------|
| a. | Encephalocele | c. | Spina bifida |
| b. | Hydrocephalous | d. | Microcephaly |
-
- b 1. Cerebrospinal fluid does not circulate properly around the brain and spinal column.
- c 2. There is a malformation of the spine resulting in incomplete fusion of the vertebral laminae.
- a 3. There is a protrusion of brain matter through the skull or cervical spine.
- d 4. A congenital condition which results in an abnormally small head.
- c 5. Meningocele is a type of this condition.
- b 6. The head enlarges as the fluid collects.
- a 7. The bones in the skull fail to unite in the normal way.
- d 8. This condition may occur if the mother has a low iodine level during the pregnancy.
- d 9. In this condition, 97% of the children are mentally retarded.
- b 10. This condition is treated by surgically implanting a shunt.

Multiple Choice

Select the best answer and place the letter in the space provided.

- 4 1. The child born with hydrocephalus has a relatively good prognosis if:
- | | |
|----|---|
| a. | The condition is detected and treated early |
| b. | Surgery is successful |
| c. | Follow-up care is good |
| d. | No other defects are present |

- | | | | |
|----|---------|----|------------------|
| 1. | a, c, d | 3. | b, & d |
| 2. | b, c, d | 4. | all of the above |

- a 2. Which of the following is not a type of Spina Bifida?
- a. Encephalocele
 - b. Myelocele
 - c. Myelomeningocele
 - d. Meningocele
- d 3. Which of the following statements about microcephaly is false?
- a. 97% of those born with microcephaly are mentally retarded.
 - b. Microcephaly may occur if the mother has low blood levels of iodine during pregnancy.
 - c. This condition is rare.
 - d. This condition is characterized by an enlarged head.
- c 4. This type of spina bifida is an extreme form in which the neural tube has failed to close.
- a. Myelomeningocele
 - b. Meningocele
 - c. Myelocele
 - d. Spina bifida occulta
- d 5. In this type of spina bifida, the cord and meninges are not involved and the only evidence of the disorder may be a dimple in the skin or a birthmark over the area.
- a. Myelomeningocele
 - b. Meningocele
 - c. Myelocele
 - d. Spina bifida occulta

LESSON PLAN: 7

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

SCOPE OF UNIT:

This unit is designed to assist the learner in understanding developmental disabilities. Topics include developmental disabilities, mental retardation, cerebral palsy, autism, specific learning disabilities, neurological impairments, seizure disorders/epilepsy, and communication disorders.

INFORMATION TOPIC: V-7

SEIZURE DISORDERS/EPILEPSY
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Define seizure.
2. Recall the prognosis and etiology of seizure disorders/epilepsy.
3. Match the types of seizure with the appropriate description.
4. Recall one method of diagnosing seizure disorders and the common side effects of anticonvulsant medication.
5. State the nursing actions for a resident having a grand mal seizure.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Types of Seizures and Related Nursing Care.
2. Film: Grand Mal Seizure: Diagnosis and Management (available from Ayerst Labs.)

INFORMATIONAL ASSIGNMENT: (Student)

None

REFERENCE: (Instructor's Additional Information)

Batshaw, M.L. & Perret, Y. Children with Handicaps. Baltimore: Paul H. Brookes Publishing Co., 1981, pp. 213-234.

Brunner, L.S. & Suddarth, D.S., The Lippincott Manual of Nursing Practice. 3rd ed. Philadelphia: J.B. Lippincott Co., 1982. pp. 730-733.

INTRODUCTION:

Epilepsy refers to a disorder in which neurons in the brain fire at abnormally rapid rates. The cause is never known in many cases. The seizure that occurs may be a grand mal, petit mal, psychomotor, or minor motor. Sometimes seizures occur when the resident does not have epilepsy. In this lesson we will discuss the various types of seizures, conditions that may result in a seizure, and nursing care during and following the seizure. Remember: All seizures should be reported immediately and recorded.

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LESSON PLAN: 7

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

INFORMATION TOPIC: V-7

OUTLINE: (Key Points)

I. Definition of seizure

- A. Rapid, abnormal firing of nerve cells
- B. Firing of cells begins in the cortex region of the brain
- C. Results in behavior ranging from loss of consciousness and severe jerking of the body to momentary loss of consciousness

II. Prognosis and etiology

- A. Prognosis for the majority of people is very good with them leading nearly normal lives.
 - 1. Some may be gradually taken off medication if they have been seizure-free for three years.
 - 2. The prognosis for those who have seizures along with other handicapping conditions will depend on the severity of the handicapping condition.
- B. Etiology of epilepsy is usually unknown but suspected causes of seizures include:
 - 1. Genetic tendency
 - 2. Head/brain trauma
 - 3. Brain tumor
 - 4. Circulatory disorders
 - 5. Metabolic disorders
 - 6. Toxicity
 - 7. Infection

III. Types

A. Grand Mal (Major Motor Seizure)

1. Characterized by:

- a. Aura (warning) may sometimes occur
 - 1) Experience headache
 - 2) Feel ill at ease or angry
 - 3) Smell acrid or sweet odors
 - 4) Have funny taste in mouth
 - 5) Have auditory hallucinations
- b. Tonic phase or contraction of muscles
- c. Outcry may occur from spasms in the larynx.
- d. Clonic phase or rhythmic contraction and relaxation of muscles which results in jerking movements. Apnea may occur.
- e. Followed by drowsiness, deep sleep, and/or disorientation
- f. Incontinence may occur.

2. Complete recovery occurs in 1 to 2 hours following the seizure.

3. Resident has no recollection of the seizure after recovery.

4. Most common type and occurs at any age

5. Can occur as frequently as several times/day or as infrequently as once a year.

6. Actual cause may be unknown but suspected causes include:

- a. Head trauma
- b. Severe illnesses affecting the brain such as:
 - 1. meningitis
 - 2. cerebral arteriosclerosis
 - 3. hardening of the arteries
 - 4. low blood sugar
 - 5. hypoglycemia
- c. Drug withdrawal

B. Petit Mal

1. Characterized by sudden staring into space, blinking and loss of consciousness
2. Lasts approximately 30 seconds
3. Much less common than grand mal seizures
4. Individual is unaware of the seizure and will continue activities as if nothing had happened.
5. Often occurs between age 4 and 15 years
6. May occur as frequently as 100 times per day

C. Psychomotor Seizures

1. Characterized by a premonition about the oncoming seizure (aura)
 - a. Experience headache
 - b. Feel ill at ease or angry
 - c. Smell acrid or sweet odors
 - d. Have a funny taste in the mouth
 - e. Have auditory hallucinations
2. Frequently is tonic - clonic with lip-smacking and chewing motions also occurring.
3. Automatic reactions such as buttoning and unbuttoning clothing may occur.
4. Lasts 5 to 15 minutes

D. Minor motor seizures

1. Types
 - a. Myoclonic - jerking movements of one or more extremities
 - b. Akinetic - sudden loss of muscle tone
2. Often associated with conditions that cause mental retardation such as Down's Syndrome

E. Age-related seizures

1. Seizures during the newborn period

- a. May occur as a result of anoxia, brain hemorrhage, low blood sugar and/or low blood calcium
- b. Characterized by holding of breath, loss of consciousness and shaking of one or two extremities

2. Febrile convulsions

- a. Occurs in about 1 in 200 children between the ages of 6 months and 4 years
- b. Characterized by a grand mal type seizure
- c. Occurs when the child has a temperature usually above 104°

3. Infantile spasms

- a. Characterized by a sudden "jackknifing" of the infant's body 5 to 10 times in a row for about 30 seconds, recurring every 10 minutes
- b. Occurs during infancy
- c. Is a serious condition

4. Status Epilepticus

- a. Very dangerous condition and is a medical emergency
- b. Characterized by grand mal seizure which may last more than an hour
- c. May lead to brain damage because the oxygen to the brain is reduced for a prolonged period of time
- d. Generally occurs in the first 3 years of life

IV. Diagnostic evaluation and treatment

A. History of seizures

B. Electroencephalogram (EEG)

C. Anticonvulsant medications

1. Frequently used medications

- a. Dilantin

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- b. Phenobarbitol
- c. Depakene
- d. Mysoline
- e. Zarontin
- f. Tegretol
- g. Clonopin

2. Common side effects

- a. Gum enlargement
- b. Nausea and vomiting
- c. Drowsiness
- d. Hyperactivity

V. Nursing care (Review HO I and Lesson 34: Basic First Aid)

VI. Summary and conclusion

- A. Definition
- B. Prognosis and etiology
- C. Types
- D. Diagnostic evaluation and treatment

This lesson has focused on the various types of seizures, causes, and prognoses. Prompt care and accurate observation and reporting are important for the health and well being of the resident.

TYPES OF SEIZURES AND RELATED NURSING CARE

Presenting Behavior	Attitude and/or Approach
A. Grand Mal Seizures	
1. Aura may or may not be present. Warning sign peculiar to individual. May be observable change in behavior. Restlessness and irritability may be present. Have resident lie down in safe place. Remove dentures, hairpins, jewelry to prevent injury.	1.
2. Tonic Phase - 10 to 15 Seconds	2. Loss of consciousness, all muscles become rigid, loosen all tight clothing
3. Clonic Phase - 1 minute approx.	3. Jerking of muscles may be general or local. Protect patient from hitting objects that may harm him. <u>Do not try to hold resident.</u>
4. Drowsiness or Confusion	4. Turn head to side. Clear mouth of mucous. When resident regains consciousness he may wish to sleep. May be confused, needs to be oriented as to surroundings. Stay with him/her until she/he is oriented. If incontinent -bathe.
B. Petit Mal	
1. Momentary loss of consciousness	1. Resident may appear to be daydreaming or losing stream of thought.
2. Muscular twitching, grimacing, blinking eyes	2. Chart frequency of seizure and behavior which accompanies it.
C. Psychomotor	
1. Behavior not consistent with surroundings. Ex. -overactivity violence	1. Observe and know patient may have characteristic behavior indicating impending attack.
2. Amnesia for seizure episodes	2. Prevent injury to resident

LESSON PLAN: 7

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

INFORMATION TOPIC: V-7

INTERACTION ITEMS: (Review Items)

1. Define seizure.
2. Describe a grand mal seizure.
3. Describe a petit mal seizure.
4. Describe a psychomotor seizure.
5. Describe a minor motor seizure.
6. What are febrile convulsions?
7. What is status epilepticus?
8. What is an EEG?
9. What medications are given for the treatment of epilepsy?
10. What are some common side effects of anticonvulsant medications?
11. What is the prognosis for someone with a seizure disorder?
12. What causes seizures?
13. What nursing care would you give if someone was having a grand mal seizure?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES:

1. Show film, "Grand Mal Epilepsy: Diagnosis and Management"

LESSON PLAN: 7

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

ANSWERS TO EVALUATION ITEMS

I. True - False:

In the space provided, place a "T" if the answer is True or an "F" if the answer is False.

- | | |
|----------|---|
| <u>F</u> | 1. A seizure can be diagnosed by taking an EKG reading. |
| <u>F</u> | 2. It is a well known fact that most people with seizure disorders are not able to lead nearly normal lives. |
| <u>T</u> | 3. Gum enlargement is a common side effect of anticonvulsant medications. |
| <u>F</u> | 4. Nausea and vomiting rarely occurs when someone is taking anticonvulsant medications. |
| <u>T</u> | 5. The etiology or cause of seizure disorders is unknown. |
| <u>T</u> | 6. Head and/or brain trauma is a suspected cause of seizures. |
| <u>T</u> | 7. The prognosis of the individual who has epilepsy depends on whether the individual has other handicapping conditions and the severity of those conditions. |
| <u>T</u> | 8. An EEG is a procedure used to diagnose seizure disorders. |
| <u>T</u> | 9. Status epilepticus is a serious condition and requires immediate medical treatment. |

II. Matching

Match the type of seizure with the appropriate description. Place the letter of the description in the space provided. The answers will only be used once.

- | | |
|--------------|------------------------|
| <u> e </u> | 1. Grand mal |
| <u> c </u> | 2. Petit mal |
| <u> a </u> | 3. Psychomotor |
| <u> g </u> | 4. Minor motor |
| <u> b </u> | 5. Febrile convulsions |
| <u> f </u> | 6. Infantile spasms |
| <u> d </u> | 7. Status epilepticus |
| <u> h </u> | 8. Newborn period |

- a. Lip smacking and chewing may occur
- b. Occurs in children who have a fever of 104° and above
- c. Characterized by momentary losses of consciousness
- d. Characterized by one or more grand mal seizures occurring and lasting over an hour
- e. Most common type of seizure
- f. Characterized by the infant's body suddenly "jackknifing" several times in a row
- g. Includes two types - myoclonic and akinetic
- h. A form of grand mal seizure occurring just after birth

III. Short Answer

1. Define seizure.

A seizure is a rapid, abnormal firing of nerve cells which starts in the cortex region of the brain. It results in behavior that ranges from loss of consciousness and severe jerking movements of the body to a momentary loss of consciousness.

2. Resident Smith has just fallen to the floor very close to a table and chairs and is having a grand mal seizure. Describe in writing the nursing actions you would take for Resident Smith.

The answer should cover the following points:

- a. Protect the resident.
 1. Cushion the head.
 2. Protect from hitting self on furniture.
- b. Loosen tight clothing.
- c. Place padded tongue blade between teeth only if the jaws are not clamped shut.
- d. Do not try to hold the resident.
- e. Following the seizure:
 1. Turn head to side.
 2. Clean, if incontinent.
 3. Reorient, if confused.
 4. Allow to sleep.
 5. Observe closely for several hours.

- f. Report and record:
 - a. Activity immediately prior to seizure
 - b. Behavior during all phases
 - c. Length of time of each phase
 - d. Total length of time seizure lasted
 - e. Behavior following seizure

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LESSON PLAN: 8COURSE TITLE: Basic Paraprofessional TrainingUNIT V: Understanding MR/DD

SCOPE OF UNIT:

This unit is designed to assist the learner in understanding developmental disabilities. Topics include developmental disabilities, mental retardation, cerebral palsy, autism, specific learning disabilities, neurological impairments, seizure disorders/epilepsy, and communication disorders.

INFORMATION TOPIC: V-8

MR/DD RESIDENTS WITH PSYCHIATRIC DISORDERS
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Identify five key concepts related to anxiety.
2. Identify three key concepts related to schizophrenia.
3. Identify two key concepts related to depression.
4. Identify five key concepts related to suicide.
5. Identify three key concepts related to elation.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: The Stages of Anxiety
2. HO 2: Responses to Maladaptive Behavior
3. HO 3: Approaches to Use with the Anti-Social Resident
4. HO 4: Approaches to Use with the Acting Out Resident
5. HO 5: Approaches to Use with the Withdrawn Resident
6. HO 6: Approaches to Use with the Suspicious Resident
7. HO 7: Approaches to Problems with Sexuality
8. HO 8: Approaches to Use with the Depressed Resident
9. HO 9: Approaches to Use with the Overactive Resident
10. HO 10: Approaches to Use with the Demanding Resident
11. HO 11: Approaches to Use with the Ritualistic Resident
12. HO 12: Approaches to Use with the Anxious Resident

INFORMATIONAL ASSIGNMENT: (Student)

None

REFERENCES: (Instructor's Additional Information)

Haber, J., Leach, A., Schudy, S., and Sideleau, B. Comprehensive Psychiatric Nursing. St. Louis, MO: McGraw Hill Book Co., 1978.

INTRODUCTION:

Residents who have a developmental disability and a psychiatric disorder have special needs. They may be transferred to a unit designed to meet these needs or, they may be treated on the unit with the other residents. In this lesson, information regarding characteristic behavior of psychiatric disorders and strategies for intervention will be discussed so that you will better equipped to care for the resident with a psychiatric disorder.

LESSON PLAN: 8

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

INFORMATION TOPIC: V-8

OUTLINE: (Key Points)

I. Key concepts related to anxiety

A. Stages and indications of anxiety

1. Physiological indications

- a. Heart palpitations, tachycardia, chest pain
- b. Hyperventilation
- c. Mouth dryness
- d. Sweating
- e. Dizziness
- f. Loss of or increase in appetite

2. Behavioral indications

- a. Wringing hands
- b. Pacing
- c. Tapping feet
- d. Nail biting
- e. Talking, yelling, cursing

3. Stages of anxiety (HO I)

- a. Mild
- b. Moderate
- c. Severe
- d. Panic

B. Unhealthy ways of coping with severe anxiety (rarely treated in the hospital setting)

1. Phobias - irrational and abnormal fear
2. Hysteria - symptoms similar to many physical diseases
3. Obsessive - compulsive, repetitive, ritualistic behavior

II. Key concepts related to Schizophrenia

- A. A form of psychosis characterized by severe levels of anxiety and withdrawal from reality
 1. Anxiety at severe or panic stage
 2. All coping mechanisms fail
- B. Symptoms of withdrawal from reality
 1. Peculiar thoughts and behavior
 - a. Strange ways of expressing thoughts
 - b. Private meanings to words
 - c. High level of uncontrolled anxiety
 - d. Poor judgment
 - e. Remains aloof and alone
 - f. Is generally shy, listless, reserved, and moody
 - g. May hear voices - hallucinations
 - h. May have fixed false beliefs - delusions
 - i. Unaware of behavior and its affect on others
 2. Difficulty in establishing meaningful relationships
 - a. Shy and sensitive
 - b. Has difficulty expressing needs
 - c. Has difficulty forming lasting relationships with others
 - d. Very distrustful of others
- C. Nursing interventions for the withdrawn patient
 1. Meeting physical needs
 - a. Maintain adequate nutrition

- 1) The severely withdrawn may need assistance
 - 2) The overly suspicious may believe food is poisoned
 - 3) Judgment may be poor
 - b. Maintain appropriate grooming.
 - 1) May require assistance or total care
 - 2) Provide necessary grooming equipment.
 - 3) Assist in selection of clothing.
 - c. Maintain adequate elimination.
 - 1) Record elimination patterns.
 - 2) Severly withdrawn may hoard feces.
2. Meeting emotional needs
 - a. Encourage resident to develop trust in you.
 - b. Show you care and want resident to get better.
 - c. Show you accept resident in spite of peculiar ways.
 - d. Give reassurance and support for positive behavior.
3. Meeting communication needs
 - a. Keep it clear, concise, concrete
 - b. Do not whisper or talk about others in resident's presence.
 - c. Speak with a kind but firm tone of voice.
 - d. Speak softly.
4. Maintaining a therapeutic environment
 - a. Keep it simple, predictable, consistent
 - b. Set limits for resident's safety.
 - c. Notify resident in advance of schedule changes.
 - d. Participate with resident in reality-oriented activities, i.e., games and walks.

III. Key concepts related to depression

A. Symptoms of depression

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1. Ambivalent or mixed feelings
 - a. Love
 - b. Hate
 - c. Indecision
2. Difficulty expressing anger
3. Anxiety
 - a. Tension
 - b. Lacks energy
 - 1) Tires easily
 - 2) Slow actions and speech
 - c. Sleep problems
 - 1) Difficulty going to sleep
 - 2) Wakes in early morning hours
 - 3) Drowsy through morning
4. Guilt - feels a need to be punished
5. Helplessness
6. Self-doubt - difficulty making decisions
7. Hopelessness and worthlessness
 - a. Poor appetite
 - b. Little interest in surroundings
 - c. Listlessness
8. Low self-esteem
9. Powerlessness
10. Dependency and demandingness
- B. Nursing interventions
 1. Meeting physical needs
 - a. Assist only if necessary.

- b. Allow extra time for grooming, meals, activities.
 - c. Dietary needs
 - 1) Light and easily digestible
 - 2) High in calories
 - 3) Adequate roughage
 - 4) Recommended amount of fluids
 - d. Exercise
 - 1) Moderate and regular
 - 2) Encourage small group participation or activities on a 1:1 basis.
 - 3) Allow rest time in the afternoon.
 - e. Facilitate sleep.
 - 1) Warm bath
 - 2) Milk
 - 3) Relaxation
 - 4) Dim lights, quiet environment
 - f. Guard against infection and/or injury - slowing of body systems lowers resistance.
2. Meeting emotional needs
- a. Show positive attitudes - kindness, acceptance, friendliness.
 - b. Give as much individual attention as possible.
 - c. Supervise closely - be alert for signs of suicide.
 - d. Be kind but firm.
 - e. Provide opportunities for success.
 - f. Give realistic praise for improvements.
 - g. Encourage resident to express likes and dislikes.
 - h. Use identified strengths to increase self-worth.
3. Meeting communication needs

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- a. Do not give opportunity to say no. Example: "John, let's get your jacket and go for a walk."
 - b. Avoid phrases such as "hurry up" and "You could do that if you wanted."
 - c. Encourage resident to ventilate feelings.
 - d. Use simple, direct explanations.
 - e. Use clear, honest speech.
4. Maintaining a therapeutic environment
- a. Pleasant, calm, warm, and comfortable
 - b. Avoid confusion.
 - c. Be consistent.
 - d. Keep environment free of objects that could be used by patient to harm self
 - e. Provide structure during involvement with others.

IV. Key concepts related to suicide

A. People contemplating suicide experience many feelings:

- 1. Ambivalence
- 2. Helplessness
- 3. Hopelessness
- 4. Guilt
- 5. Aggression

B. Myths about suicide

- 1. "Once one has decided to commit suicide, there is nothing you can do to stop him/her."
- 2. "If someone is very despondent, you should not mention suicide or that will give him/her the idea."
- 3. "People who talk about killing themselves will never do it."

C. Times when suicide is more likely to occur

- 1. Early morning hours 716
- 2. Shift change 32

3. Holidays
 4. Anniversary dates
 5. Weekends - late afternoon
 6. Change of behavior
 - a. Coming out of depression
 - b. When elated/happy
- D. Risk factors that indicate dangerousness of suicide
1. Plan
 2. Method
 3. Availability of weapon
 4. Lethality of weapon
- E. Nursing interventions
1. Meeting emotional needs
 - a. One to one - know what the patient is doing at all times.
 - b. Encourage patient to ventilate feelings.
 - c. Use a matter-of-fact, caring attitude with resident.
 - d. Talk about suicide with the resident.
 - 1) Is resident thinking of suicide?
 - 2) Ask the resident if s/he is thinking of harming self.
 - 3) What is his/her plan (in detail)?
 2. Maintaining a therapeutic environment
 - a. Check belongings for anything that could be used in suicide attempt.
 - 1) Alcohol, cleaning fluids, other poisons
 - 2) Razor blades, pocket knives, metal pieces, scissors
 - 3) Straps, belts
 - b. Check ward environment for anything that could be used.

- c. See that housekeeping equipment is kept locked up and then closely supervised when in use.
 - d. Follow facility suicidal precaution policy.
 - 3. If suicide attempt occurs and/or is accomplished
 - a. Notify supervisory immediately.
 - b. Follow facility procedure.
- V. Key concepts related to elation (manic - depressive illness or bipolar disorder)
 - A. Psychological characteristics
 - 1. Develops shallow relationships with others
 - 2. Seeks outlet for pent-up energy
 - 3. Dependent on others
 - a. Fears abandonment
 - b. Puts up front, of "I don't need anybody."
 - 4. Experiences delusions of grandeur
 - 5. Has a short attention span
 - B. Behavioral characteristics
 - 1. Likable, talkative, euphoric to vulgar, profane, domineering, sarcastic and ridiculing
 - 2. On-the-go
 - 3. Easily distracted and stimulated
 - C. Nursing interventions
 - 1. Meeting physical needs
 - a. Grooming
 - 1) Keep schedule flexible
 - 2) Provide comfortable clothing
 - 3) Promote good oral hygiene - tendency toward dehydration
 - b. Nutrition
 - 1) Provide high-caloric finger foods - too busy to eat

- 2) Ensure adequate fluid intake
 - a) Too busy to drink
 - b) Tendency toward dehydration
- c. Provide opportunity for frequent short naps - belligerent personality more likely to come through when resident is tired.
2. Meeting emotional needs
 - a. Be in control of your own emotions.
 - b. Assign two persons with rapport to work with the resident (the more people with whom resident is associated, the greater his/her anxiety will be. However, staff will become burned out if s/he works with a resident continuously.)
 - c. Make him/her feel accepted.
 - d. Be alert to behavior and keep it channeled constructively.
 - e. Engage in large muscle activities - walking, group games outdoors, housekeeping chores.
3. Meeting communication needs
 - a. Establish rapport.
 - b. Do not scold, punish, nor shame.
 - c. Use positive reinforcement and encouragement when directing activities.
 - d. Speak calmly, quietly, tactfully, patiently.
 - e. Avoid arguments and discussions.
 - f. Encourage ventilating feelings in nonjudgmental atmosphere.
 - g. Give short, simple direct answers to his/her questions.
4. Maintaining a therapeutic environment
 - a. Quiet
 - b. Soft lights
 - c. Pleasant
 - d. Low noise level
 - e. Simple room decorations

VI. Summary and conclusion

- A. Key concepts related to anxiety
- B. Key concepts related to schizophrenia
- C. Key concepts related to depression
- D. Key concepts related to suicide
- E. Key concepts related to elation

Information has been presented in this lesson that will assist you in recognizing behavior that may be due to a psychiatric disorder. Interventions that will assist you in working with the resident who has a developmental disability and a psychiatric disorder have been discussed.

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THE STAGES OF ANXIETY

Operations	Variations in the Form of Operation	The Learning Tasks of Anxious Person
Mild Anxiety		
Alertness	Noises seem louder	Recognition of Anxiety as a warning sign that something is not going as expected. This can be done by: 1. Observing what goes on 2. Describing what goes on 3. Analyzing what was expected 4. Analyzing how the expectations and what went on differed 5. Formulating what can be done about the situation in terms of changing the expectations 6. Validating with others
Moderate Anxiety		
Reduced Ability to perceive and communicate increased tension	Concentration on problem; someone talking may not be heard; part of the room may not be noticed. Muscle tension, pounding heart, perspiration, stomach discomfort.	Recognition that in moderate and severe anxiety, the focus is reduced and connections may not be seen between details; and that anxiety provides anger, which can be reduced to mild anxiety and then used to find out what went wrong.
Severe Anxiety		
Only details perceived, physical discomfort, emotional discomfort	Connections between details are not seen, headaches, nausea, trembling, dizziness, awe, dread, loathing, horror.	Moderate to severe anxiety may be reduced by: 1. Working at a simple concrete task 2. By talking to someone who can listen 3. Playing a simple game 4. Walking 5. Crying

Panic

A detail perceived
is elaborated and
blown up.

Inability to communi-
cate or function

The person experiencing panic needs
help in getting more comfortable. In
this stage learning cannot be expected
to take place.

The foregoing material is used with permission of Dr. Hildegard F. Peplau, Rutgers
University.

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RESPONSES TO MALADAPTIVE BEHAVIOR

Maladaptive Behavior Response

- | Maladaptive Behavior | Response |
|--|---|
| A. Hostile and verbally abusive residents | <ol style="list-style-type: none"> 1. Remain calm in face of abuse. 2. Refrain from arguing with or further provoking resident. 3. Help resident understand and express his/her feelings; find methods of coping with them. 4. Reassure, support, and calm. 5. Discourage hostile behavior without rejecting resident. |
| B. Agitated, hyperactive, destructive, and combative residents | <ol style="list-style-type: none"> 1. Intervene immediately when resident needs controls or limits. 2. Approach resident in nonthreatening manner; allow physical space. 3. Do not react emotionally. 4. Be firm but understanding; do not show fear. 5. Consistently enforce limits. 6. Do not argue or further provoke resident. 7. Attempt to discover cause for disturbance. 8. Help resident verbalize feelings and discuss problems. 9. Remove resident to nonstimulating, safe place. 10. Reassure, support, calm, and soothe 11. Provide appropriate diversion. 12. Provide appropriate physical activity. 13. Use judgment in applying or discontinuing restraints. 14. Through actions reassure resident his/her behavior hasn't alienated staff members. 15. Encourage resident to understand, control, and accept responsibility for his/her own behavior. 16. Reinforce positive behavior. |
| C. Suicidal or self-abusive residents | <ol style="list-style-type: none"> 1. Observe for signs of suicidal intent. 2. Prevent resident from harming self. 3. Be warm and reassuring; offer support and external control. 4. Point out positive aspects of resident's life. 5. Recognize and do not reinforce inappropriate bids for attention. |
| D. Alcoholics and drug abusers | <ol style="list-style-type: none"> 1. Maintain objective, accepting, noncondemning attitude. 2. Recognize signs of DT's or drug withdrawal and provide necessary physical care. 3. Calm and reassure resident. 4. Recognize signs if resident continues to drink or use drugs. 5. Search resident for drugs and alcohol. 6. Do not argue with intoxicated resident. 7. Firmly confront resident with games s/he is playing. |

- | | | |
|--|--|--|
| E. Residents who elope or want to leave treatment | 1.
2.
3.
4.
5.
6.
7.
8.
9. | 1. Be alert for signs of pending elopement and take preventive actions.
2. Remain calm; avoid agitating resident.
3. Use proper precautions around locked area.
4. Divert resident's attention.
5. Set firm limits within resident's legal rights.
6. Encourage resident to continue therapy if needed.
7. Be concerned for resident's welfare.
8. Use good judgment in pursuing and returning resident.
9. Do not reinforce inappropriate bids for attention. |
| F. Uncooperative residents | 1.
2.
3.
4.
5.
6.
7.
8.
9. | 1. Be aware of fears and try to alleviate them.
2. Explore feelings and reasons for attitudes.
3. Calmly give explanations.
4. Be confident and reassure resident; avoid threats and physical force.
5. Offer incentives.
6. Allow choices between alternatives.
7. Do not give in; firmly insist on cooperation.
8. Through actions, assure resident his/her behavior hasn't alienated staff members.
9. Accept isolated instances of uncooperativeness without overreacting. |
| G. Residents who violate rules | 1.
2.
3.
4. | 1. Be composed. Assess offense and appropriateness of consequences.
2. Confront about violations and set firm limits.
3. Be sure rules are clear.
4. Use tact in pointing out violations. |
| H. Residents with insomnia, restlessness | 1.
2.
3.
4. | 1. Calm and reassure by talking and listening.
2. Move resident in order not to disturb others.
3. Arrange milieu conducive to sleep and rest.
4. Offer companionship, food, or quiet activities to restless resident. |
| I. Withdrawn or depressed residents | 1.
2.
3.
4.
5.
6.
7. | 1. Approach in nonaggressive manner.
2. Firmly get resident out of bed and into activities.
3. Show personal interest and encourage trust.
4. Help resident discuss and understand problems.
5. Help depressed to release underlying anger.
6. Encourage seeing positive aspects.
7. Encourage activities involving interaction and self-esteem. |
| J. Residents fighting/arguing with, or irritating each other | 1.
2.
3.
4.
5. | 1. Remain objective.
2. Point out behavior that offends others.
3. Help residents discuss feelings about each other.
4. Help residents resolve quarrels without violence.
5. Separate or distract quarreling residents if indicated. |

- | | |
|---|--|
| K. Pesty, nagging demanding residents | <ol style="list-style-type: none"> 1. Control own irritation. 2. Teach appropriate methods to gain attention. 3. Confront with behavior and set limits. 4. Listen and try to give needed reassurances. 5. Arrange for frequent, brief contacts. |
| L. Tearful, distressed residents | <ol style="list-style-type: none"> 1. Show concern and understanding. 2. Help resident express and accept feelings of distress. 3. Calm, support, and reassure. |
| M. Fearful, anxious or worried residents | <ol style="list-style-type: none"> 1. Help identify fears, anxieties, and worries. 2. Offer reassurance and encourage trust. 3. Be friendly but not aggressive. 4. Take action to allay resident's expressed fears. |
| N. Inappropriate, manipulative behavior | <ol style="list-style-type: none"> 1. Ignore obvious attempt to irritate. 2. Consistently avoid giving desired response. 3. Set firm limits for resident who's "testing." 4. Confront with behavior. |
| O. Compulsive and ritualistic behavior | <ol style="list-style-type: none"> 1. Help control compulsive behavior if indicated. 2. Encourage and support nonritualistic activities. |
| P. Bizarre behavior | <ol style="list-style-type: none"> 1. Respond as soon as resident needs controls. 2. Help resident understand and control behavior. 3. Avoid reinforcing bizarre behavior. 4. Reorient resident gently to reality. |
| Q. Inappropriate sexual behavior | <ol style="list-style-type: none"> 1. Maintain noncondemning, accepting attitude. 2. Set firm limits. 3. Counsel and teach appropriate behavior. |
| R. Disoriented, confused, or incoherent residents | <ol style="list-style-type: none"> 1. Give information and assistance as often as necessary. 2. Be patient; do not hurry resident. 3. Be kind and firm in helping resident behave appropriately. 4. Use reality-oriented conversation and objects. |
| S. Hallucinations | <ol style="list-style-type: none"> 1. Remove from stimulating environment. 2. Be kind and concerned. 3. Focus resident on reality. 4. Calm resident by talking and listening. |
| T. Paranoid or delusional residents | <ol style="list-style-type: none"> 1. Do not provoke, agitate, or argue. 2. Focus on reality; do not reinforce delusion. 3. Develop trusting relationship to lessen fear. |
| U. Residents who lie or steal | <ol style="list-style-type: none"> 1. Confront and teach alternative behavior. 2. Use tact while confronting. |
| V. Poor hygiene or self-care | <ol style="list-style-type: none"> 1. Use patience and repetition to form health routines. 2. Use rewards 3. Kindly and firmly encourage resident to care for him/herself. |

APPROACHES TO USE WITH THE ANTI-SOCIAL RESIDENT

Attitude or Approach	Concept or Principle
1. Be consistent and firm in the expectation of their behavior.	1. To provide a consistent set of expectations for the resident and to provide guidance toward self-control. Other residents must be protected too.
2. Encourage to examine and discuss their behavior in a therapeutic community relationship.	2. Utilize the therapeutic relationship as a learning experience directed toward maturation.
3. Be alert to residents who attempt to intimidate you. Let them know you are aware of what they have done (without becoming angry) Accept no gifts, favors or flattery.	3. Anti-social residents use other people to gain their own ends without any feeling or regard for others as people.
4. Help them examine what they are doing to themselves.	4. When they learn to trust you to take care of their needs they <u>may</u> be willing to adopt ways of relating to others without using or manipulating them.

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APPROACHES TO USE WITH THE ACTING OUT RESIDENT

Attitude or Approach	Concept or Principle
1. Use matter-of-fact response when they use unacceptable or acting out behavior.	1. Assist them to do those things they would do unassisted if able.
2. Provide understanding and limits which help them maintain emotional control.	2. Most acting out stems from rejection, lack of love, lack of parental guidance.
3. Help residents to accept and follow daily routines: a. Suggest rather than command b. Be friendly rather than authoritarian c. Redirect rather than control behavior d. Invite rather than demand e. Offer warmth, acceptance and affection	3. All residents have the right to develop their potentialities to the fullest.
4. Plan activities that will meet residents needs.	4. Expend physical energy-punching bag, ball games (healthy, competitive outlet for hostility)
5. Confront with acting out behavior. Do not evade or ignore, discuss more acceptable ways of functioning.	5. Focus on problem area directly so that reasons for feelings can be identified and resolved.

APPROACHES TO USE WITH THE WITHDRAWN RESIDENT

Attitude or Approach	Concept or Principle
1. Provide a clean, cheerful, physical environment.	1. Provide stimulation on a pleasant level of reality. The physical environment has a substantial influence on individual cognitive (perceptive awareness) function.
2. Keep them actively involved Seek them out at every opportunity.	2. By avoiding others, the withdrawn residents deny themselves the opportunity to share experiences and develop satisfying relationships with others.
3. Limit range of environment and number of people with whom they come in contact.	3. A limited range of environment provides security of sameness which the resident can depend on. Familiar routines and persons contribute to security.
4. Initiate conversation or sit with resident in silence if severely withdrawn.	4. Sitting with resident saying nothing for brief but consistent periods conveys interest.
5. Focus on reality.	5. To replace the world of reality, the residents often create a fantasy world of their own which is free of certain emotional stresses.
6. Be honest (don't make promises you cannot keep).	6. Opportunities for satisfying relationships with others are increased if the resident is able to see others as trustworthy.
7. Show approval of abilities and provide opportunities.	7. Repeated failures tend to decrease esteem. An individual's relationships with others are influenced by his/her self-concept.
8. Provide encouragement and support in group activities.	8. Emotional support is of great value in helping withdrawn residents learn to trust others.
9. Avoid making demands they cannot meet.	9. Failure tends to decrease self-esteem.

HO 5 (Cont)

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| 10. Persist in attempt to form positive relationship with resident. | 10. In order to achieve and maintain health, people must have satisfying relationships with other human beings. |
| 11. Give careful attention to nutrition, elimination and and adequate exercise. | 11. Withdrawn residents frequently refuse to eat, etc. |
| 12. Encourage personal cleanliness and attractiveness without making them conspicuous. | 12. Indication that the individual is worthy of attention, assistance or concern contributes to a feeling of being cared about. Looking nice raises self-esteem. |
| 13. Observe closely for physical illness. | 13. May not complain. |
| 14. Protect from aggressive residents and limit possibilities of destructiveness to others. or seemingly purposeless hyperactivity | 14. Aggressive residents sometimes take advantage of quiet ones. Because of hallucinations or delusions, withdrawn residents may have impulsive behavior (inappropriate behavior). |
| 15. Provide opportunities for expression of feelings without judgement. | 15. Emotionally sensitive persons need outlets for emotions. Need to know they are accepted as a person regardless of feelings or behavior. |

APPROACHES TO USE WITH THE SUSPICIOUS RESIDENT

Attitude or Approach	Concept or Principle
1. Keep contact with staff and other residents at a minimum initially and limit physical contact.	A person who is suspicious may be threatened by interpersonal relations and unable to experience security and satisfaction in group relations until fear is decreased. The suspicious person may misinterpret physical contact.
2. Do not whisper or act secretive in presence of resident. Avoid laughing or talking with another person who resident can see but cannot hear.	2. May misinterpret actions.
3. Limit social participation until they can tolerate a larger group.	3. Persons who are threatened by interpersonal relations may be able to achieve satisfaction and comfort in group relations by learning through experience that they will not be harmed in such situations.
4. Be completely honest at all times. Do not make promises that cannot be kept.	4. Opportunities for satisfying relationships are increased if the person is able to see others are trustworthy.
5. Do not argue or disagree. Present reality as appropriate.	5. You cannot convince them of the falsity of their ideas. False beliefs can be changed through experiences.
6. Give opportunities for skills and give recognition for work well done. Allow a choice of activities.	6. The suspicious people need to learn to trust themselves. The health care worker should be concerned with helping them to experience realistic achievements and to identify their accomplishments.
7. Deal directly with the resident's anger by discussing the subject with them in a calm, matter-of-fact way whenever possible. Provide suitable outlets for anger and aggressive drive by giving activities containing competitive elements and requiring intellectual skills.	7. The suspicious person needs acceptable outlets for anger. Limited resources for coping with anger limit the suspicious person's ability to relate to others. S/he is terrorized by the thought of being exposed as inadequate.

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| 8. Allow resident to set the pace in closeness with others. Use consistent approach of quiet friendliness and acceptance. | 8. The suspicious person needs to test reality. When she/he can feel at ease with people and the environment, she/he will no longer have delusions. |
| 9. Assist them in acquiring social skills by including them in conversation groups and other structured group experiences. | 9. The suspicious person needs to experience success in groups. |

APPROACHES - PROBLEMS WITH SEXUALITY

Attitude or Approach	Concept or Principle
1. Maintain a noncondemning, accepting attitude.	1. Residents who exhibit sex behavior publicly that is offensive or who make inappropriate sexual advances must learn control.
2. Be aware of your own feelings.	2. You can't be therapeutic if you reject the resident.
3. Provide constructive outlets for the resident.	3. Often the resident needs to redirect his/her energy into behavior that she/he can gratify.
4. Confront resident with behavior.	4. Help the resident identify behaviors that are not acceptable.
5. Be kind, yet firm, consistent and reasonable. Expect control from your residents and let them know what you expect.	5. Your resident is a bundle of human feelings. Often the residents are confused, and anxious about themselves and their behavior: They need clear direction.
6. Reinforce appropriate behavior by giving attention.	6. The residents have unmet needs and possibly can find gratification and acceptance in more appropriate behavior.
7. Listen.	7. Resident needs a "neutral sounding board".
8. Examine your own feelings and control negative feeling. Do not threaten or punish.	8. The residents do not need to have their guilt, self-devaluating or feelings of rejection reinforced.
9. Realize that needs of the individual are not being met, and attempt to identify the unmet needs.	9. It is essential to consider the purpose of the behavior and how it serves the residents. Their behavior is a sign that their needs are not met.
10. Give emotional support through sincere interest.	10. Only interested personnel can attempt to understand and assist the resident.

APPROACHES TO USE WITH THE DEPRESSED RESIDENT

Attitude or Approach	Concept or Principle
1. Observe closely at all times and reduce environmental hazards.	1. Our first responsibility is to protect the residents from themselves. When a potentially suicidal resident is serious about the intent, he/she is going to become actively suicidal no matter what and it is important to recognize intent, and times when protective action is needed.
2. Demonstrate respect and acceptance. Show you care what happens to them. Be sincere	2. Acceptance and respect get through to even the most deeply depressed person if the communicating person is sincere.
3. Supply nourishment and physical care.	3. Basic needs must be met before we cope with the more complex ones.
4. Avoid gay, overly cheerful attitude.	
5. Plan diversional activities which are useful and therapeutic.	5. Disturbed thoughts cannot be forgotten until they are replaced with other thoughts.
6. Permit the residents to make suicidal threats whenever they have the need:	6. Even in deep despair and hopelessness, the depressed person longs to be saved from the deadly inclination, and usually communicates longing to those around.
a. Do not ignore threats.	
b. Do not argue about them.	
c. Take statement seriously.	
7. Let them know that the seemingly insoluble problem can somehow be worked out.	7. An attitude of hopefulness on the part of health care personnel, conveys reassurance of the resident's worth.
8. Help them to unburden by talking out their feelings.	8. Since death is no easy escape from misery, the suicidal person approaches this possibility with considerable ambivalence.
9. Do not confront with observations that they seem to be getting better.	9. When brought to their attention, residents deny they are getting better. Symptoms of depression often then become worse.

10. Watch residents more carefully when they seem to be getting better.

10. The period of recovery from depression may be more dangerous than the depression itself. Resident has enough energy to carry out suicide threat.

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APPROACHES TO USE WITH THE OVERACTIVE RESIDENT

Attitude or Approach	Concept or Principle
1. Provide a nonstimulating physical and emotional environment.	1. Persons become more hyperactive when stimulated.
2. Listen but make few comments when resident is excited. Be neutral and matter-of-fact.	2. Same as above.
3. Set limits to avoid injury to self or others.	3. The attitude that the resident is expected to control him/herself is generally supportive in his/her efforts to do so.
4. Allow to verbalize hostility without punitive or judgmental reactions.	4. Conflicts can be talked over rather than acted upon.
5. Follow an aggressive act by exploring with the resident the reality of the situation, his/her feelings about it, and the reasons for instituting external controls, if these are needed.	5. Hyperactivity may be lessened by sharing in the process of 'talking it out'.
6. Prevent physical injury. Keep warmly dressed in winter, assist and encourage good personal grooming. Provide adequate rest and extra nourishment and water between meals.	6. Overactive person pays little attention to physical needs and personal hygiene.
7. Encourage activities which can be completed in a short time.	7. Overactive person is restless and unable to focus attention on one thing very long.
8. Provide non-competitive activities which allow the use of energy and the expression of feelings.	8. Diversion may help displace angry feelings.
9. Provide a flexible routine.	9. Routine should be guided by the resident's needs.
10. Be consistently firm and honest.	10. An individual needs a sense of security and safety in relationships with others.

- II. Recognize your feelings toward resident. Do not show fear or anger.
- II. The fear and expectation of assaults at a certain time seems to encourage and stimulate the residents assaultiveness. "Anger provokes anger."

APPROACHES TO USE WITH THE DEMANDING RESIDENT

Attitude or Approach	Concept or Principle
1. Listen to requests. Show consideration and a sincere interest in trying to understand requests.	1. Staff feelings, reaction and understanding influence whether s/he will continue to be demanding or not.
2. Determine what needs the resident is trying to have fulfilled through his/her demands and try to meet those needs.	2. Demands cover feelings of anxiety, fear, helplessness, inadequacy, inferiority, guilt, and hostility. Demands may be related to a need for attention and a great fear of being deprived.
3. Accept demands and try to respond to them within the limits of the situation. Give reasons when requests cannot be met. Be consistent in responding to requests.	3. Once the resident develops some conviction that the staff is interested in fulfilling requests s/he no longer needs to be demanding.
4. Spend time with residents when they are not demanding. Give them your time, attention and interest.	4. An individual grows and learns his/her identity through relationships with other people. An individual needs a sense of security and safety in relationships with others.
5. Maintain calm, accepting of them without sanctioning their behavior. Set limits on certain aspects of behavior without rejecting them.	5. The more frustrated and unfulfilled the resident feels because of staff action and feelings, the more demanding s/he gets. Makes extremely unrealistic demands which cannot be met.
6. Identify their interests and talents and devise creative uses of the environment.	6. To redirect energy onto things other than self.

APPROACHES TO USE WITH RITUALISTIC RESIDENT

Attitude or Approach	Concept or Principle
1. Accept behavior without scolding, 1. criticism or shock.	Compulsive behavior is a drive to do procedure in the exact same way, relieves tension of resident only temporarily.
2. Establish routine activities for daily living.	2. Person is unable to make decision.
3. Provide activity in which perfection can be achieved. Recognize accomplishment and discuss with him/her accentuate value as a person.	3. Feeling of adequacy and self-esteem is necessary before ritualistic behavior will diminish.
4. Assign quiet, orderly, private living area.	4. Ritualistic behavior is exhausting, may have physical health problem.
5. Encourage verbalization of feelings. Explain routine, appointments.	5. Must have relief from fears and tensions. They experience terror when ritualistic behavior is forced to stop.

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APPROACHES TO USE WITH THE ANXIOUS RESIDENT

Attitude or Approach	Concept or Principle
1. Recognize behavior that betrays anxiety resident is experiencing.	1. Anxiety tends to grow if not dealt with adequately in its early stages.
2. Accept the resident without being provoked into anxiety also. Develop a tolerance for the anxiety of others (and self). Learn to manage own emotional responses so that they are not harmful to the resident.	2. Acceptance is a basic need. Anxiety promotes anxiety. .
3. Be willing to listen. Indicate your awareness of the person's anxiety.	3. Often just having someone to listen will relieve the person.
4. Help to identify and describe feelings and the source of distress.	4. Anxiety is a phenomenon of human existence which every individual experiences at times to a lesser or greater degree when s/he confronts a situation that threatens self image.
5. Keep constructively busy with simple tasks or games. Plan for resident to take a walk or allow pacing.	5. To provide outlet for 'nervous' energy.
6. Help to find opportunities to make learning experiences out of the difficult situations (anxiety).	6. In order to learn and achieve independence over fears or anxieties, the person has to confront own anxiety and move ahead despite it.

LESSON PLAN: 8

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

INFORMATION TOPIC: V-8

INTERACTION ITEMS: (Review Items)

1. List five symptoms of anxiety.
2. What are the stages of anxiety?
3. Describe three unhealthy ways of coping with anxiety.
4. What symptoms characterize withdrawal from reality?
5. What interventions would be appropriate for the resident who has withdrawn from reality?
6. What are ten symptoms of depression?
7. What interventions should be used to meet the physical, emotional, and communication needs of the depressed resident?
8. What are the risk factors to consider in judging the dangerousness of suicide?
9. What interventions would you use for a resident who is suicidal?
10. What are characteristic symptoms for a resident who is elated?
11. What would be appropriate interventions for a resident who is elated?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

Role play the following situations:

1. Frank is a 24 year old moderately retarded resident. Since placement on the unit, he has been eating poorly, sleeping very little, boasting that he hangs out with TV stars, demanding staff attention and generally being very hyperactive. You are instructed to work with him.
 - a. How do you feel when you are around someone who behaves like this?
 - b. What types of things can you do to work with him productively?
2. Erin is a 19 year old moderately retarded resident. When talking with her it is noted that she can be seen on the ward frequently withdrawn, mumbling to herself. She often complains that the unit nurse is spying on her and telling everyone she's going to poison her. In addition, it's noted in conversations that she jumps from thought to thought, often without any connection.

You work with Erin and you would like to help her communicate more clearly. What types of things can you do to help her? How do you think you would feel if she thought you were going to poison her?

LESSON PLAN: 8

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

ANSWERS TO EVALUATION ITEMS

Multiple Choice: Select the best response and write the number or letter in the appropriate space.

- d 1. Which of the following symptoms is generally not a sign of anxiety?
- a. Sweating
 - b. Dizziness
 - c. Drowsiness
 - d. Hyperventilation
- 3 2. Which of the following are symptoms of anxiety?
- a. Pacing
 - b. Nail biting
 - c. Foot tapping
 - d. Yelling
1. a, c, & d 3. All of the above
2. a, b, & c 4. None of the above
- 3 3. Nursing interventions for the withdrawn patient include:
- a. Meeting physical needs
 - b. Maintaining social contacts
 - c. Maintaining a therapeutic environment
 - d. Meeting emotional needs
1. a, b, & c 3. a, c, & d
2. b, c, & d 4. a, b, & d
- d 4. Which of the following is not characteristic of someone who is depressed?
- a. Anxiety
 - b. Guilt
 - c. Powerlessness
 - d. Confidence
- c 5. Which of the following is a behavioral characteristic of a person who is elated?
- a. Sits quietly for long periods of time
 - b. Completes own care without difficulty
 - c. Is easily distracted and stimulated
 - d. Gets along well with others

- 2 6. Suicide attempts are more likely to occur:
- a. When the resident is deeply depressed and has little energy
 - b. When the resident seems to be getting better
 - c. Late at night
 - d. Shift change
 - e. When the staff is very busy
1. a, c, d, & e 3. a, b, d, & e
 2. b, c, d, & e 4. a, b, c, & d
- a 7. A resident who has a diagnosis of schizophrenia is generally:
- a. Very shy and sensitive
 - b. Social and outgoing
 - c. Interested in group activities
 - d. Willing to get involved
- b 8. A therapeutic environment for a resident who is psychotic would be:
- a. Busy and active
 - b. Simple and predictable
 - c. Without limits
 - d. Changing schedules daily

True/False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

- F 1. Once a person has decided to commit suicide, there is nothing you can do to stop them.
- F 2. People who talk about suicide will never commit it.
- T 3. Schizophrenia, a form of psychosis, is characterized by severe levels of anxiety.
- T 4. The resident who is schizophrenic may have problems developing trust in others.
- T 5. Watchfulness is the key to preventing a suicide attempt.

LESSON PLAN: 9

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

SCOPE OF UNIT:

This unit is designed to assist the learner in understanding developmental disabilities. Topics include developmental disabilities, mental retardation, cerebral palsy, autism, specific learning disabilities, neurological impairments, and seizure disorders/epilepsy and communication disorders.

INFORMATION TOPIC: V-9

VISUAL IMPAIRMENTS
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Define the following terms: visual impairment, peripheral vision, myopia, hyperopia.
2. Identify the types of visual impairment.
3. Identify the six causes of visual dysfunction.
4. Identify at least six symptoms of visual dysfunction.
5. Identify three techniques for stimulating the blind.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Sighted Guide Techniques

INFORMATIONAL ASSIGNMENT:

REFERENCES: (Instructor's Additional Information)

Batshaw, M. and Perret, Y. Children with Handicaps. Baltimore: Paul H. Brookes Publishing Co., 1981, pp. 271-301.

INTRODUCTION:

In this lesson we will discuss visual impairments and associated problems, causes of visual impairments, and techniques for working with the visually impaired.

LESSON PLAN: 9

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

INFORMATION TOPIC: V-9

OUTLINE: (Key Points)

I. Definition of visual impairments

- A. Those whose visual condition is such that special provisions are necessary for their successful education
- B. Blind - visual acuity for distant vision of 20/200 or less in better eye with best correction
- C. Snellen Chart notations of visual acuity
 - 1. Consists of lines of numbers, letters, or symbols that decrease in size and are read at a distance of 20 feet
 - 2. 20/200 - what a normal sighted person can see at 200 feet, a visually impaired person can see at 20 feet
- D. Functional vision efficiency - how well a person uses vision.
 - 1. Includes acuity at distance and near, visual fields
 - 2. Central
 - a. Receptor cells (cones)
 - b. Provide color discrimination and permit sharp seeing tasks
- E. Peripheral
 - 1. Receptor cells (rods)
 - 2. Awareness of movement and recognition under decreased illumination
- F. Visual efficiency
 - 1. 20/20 - 100%
 - 2. 20/40 - 85%
 - 3. 20/50 - 75%
 - 4. 20/80 - 60%
 - 5. 20/100 - 50%
 - 6. 20/200 - 20%

II. Types

- A. Refractive errors are most common
 - 1. Light rays do not fall on retina.
 - 2. Nearsighted (Myopia)
 - a. Eyeball is too short.
 - b. Image falls in front of retina.
 - 3. Far-sighted (Hyperopia)
 - a. Eyeball is too short.
 - b. Image fall in back of retina.
- B. Astigmatism
 - 1. Cornea imperfect curvature
 - 2. Light rays focus separately rather than at a single point.
- C. Lazy eye (Amblyopia)
 - 1. Dimness vision in one eye
 - 2. Suppress weaker eye
- D. Cataracs - leading cause of blindness
 - 1. Cloudy condition or opacity in the lens of the eye. Light rays blocked.
 - 2. Surgery-95% successful
- E. Glaucoma
 - 1. Pressure within globe of eye
 - 2. Fluid fails to drain out properly and pressure builds up, damaging optic nerve and causing impaired vision
- F. Retinal detachment
 - 1. Inner layer of retina separates from its outer layer.
 - 2. Results in darkness of one portion of vision field.
 - 3. Early diagnosis and surgery is successful in 85% of cases.

IV. Symptoms of visual dysfunction

- A. Eyes turn in or out
- B. Red watery eyes

- C. Encrusted eyelids
 - D. Frequent styes
 - E. Swollen eyes
 - F. Frequent head adjustment looking distant
 - G. Focusing difficulties
 - H. Tracking difficulties
 - I. Rubs eyes
 - J. Complains of itching, scratching, stinging
 - K. Avoids close work
 - L. Frequently blinding
 - M. Tilts or turns head to focus
 - N. Tires after visual tests
 - O. Moves head rather than eyes when looking at a page
 - P. Poor eye-hand coordination
 - Q. Headaches, nausea after visual tasks
- V. Common behaviors of the visually impaired
- A. Rocking the body back and forth
 - B. Putting fingers or fists in eyes
 - C. Twirling rapidly round and round
 - D. Shaking fingers before the face
 - E. Holding the head bent forward
 - F. Gazing at lights
- VI. General rules for stimulation of blind
- A. Tactile (feeling)
 - 1. Do not limit to the hands.
 - 2. Allow the resident to use his/her whole body to gather information about the surroundings.

3. Dress and position resident properly to make the best use of the tactile sense.
- B. Daily living activities - talk, show, and let resident touch or smell all the objects used (i.e., toothbrush and toothpaste)
- C. Stimulate, as much as possible, even the senses that are impaired
- D. Olfactory sense (smell)
 1. Teach that certain odors are attached to certain objects.
 2. Allow for exploration by other sense modes.
 3. Emphasize the sense of smell by placing the object under the resident's nose, before she/he has a chance to touch it.

This lesson has presented key concepts related to visual impairments. It should make you aware of some of the problems associated with visual impairments and some of the techniques which can be used when working with the visually impaired.

SIGHTED GUIDE TECHNIQUES

Sighted Guide

Purpose is to provide a safe efficient means of travel to a blind person. Sighted guide is a dependent form of travel, so other means of independent travel should be encouraged. Remember to be gentle and understanding, and speak in a normal tone of voice.

Procedure

1. Sighted person may ask blind person to take his/her arm.
2. Blind person may walk on either side of guide.
3. Grip should be about an inch above elbow and fingers on outside.
4. Variations of grip can be used.
5. Blind person should be one half step behind guide with his/her shoulder in line with the guide's shoulder. (Ex. Right shoulder in line with guide's left shoulder.)
6. Blind person's elbow should be flexed at a 90° angle.
7. For blind person to switch from one side to another, have him/her slide across guide's back with both hands.

Stairs

1. Inform blind person of stairs going up or down and if there are many steps.
2. Let blind person use handrail with free hand if she/he wish to.
3. Blind person can feel guide's arm rise or fall.

Seating

1. Approach back of chair if possible and let blind person touch back of chair with free hand.
2. Blind person can walk around chair keeping contact with the side of the leg.
3. Have person square off or place back of legs against front of chair then sit.
4. If approaching front of chair, inform person where he/she is, let him/her turn around placing the back of the legs square against front of chair, then sit.
5. Approach car, let blind person locate door handle, and open door herself/himself.
6. Have person sit, then swing feet into car.

If you see a resident having any visual or travel problems, contact your Supervisor.

Source unknown

LESSON PLAN: 9

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

INFORMATION TOPIC: V-9

INTERACTION ITEMS: (Review Items)

1. What are some of the causes of visual dysfunction?
2. What are some of the symptoms of visual dysfunction?
3. Discuss some of the techniques used in working with the blind.

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Blindfold everyone. The instructor walks around talking to everyone and then has everyone become silent. The instructor should then touch half the class and have them remove their blindfolds. Practice sighted guide techniques (HO 1), walking, doorways, stairs, seating. Reverse roles of guide/blind person. Have students share their feelings while in the guide/blind role.

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LESSON PLAN: 9

COURSE TITLE: B

UNIT V : Understanding MR/DD

EVALUATION ITEMS

Short Answer: Define the following terms.

1. Visual impairment

A visual condition that requires special provisions for a successful education

2. Peripheral vision impairment

Awareness of movement and recognition occurs under decreased illumination

3. Myopia

nearsighted

4. Hyperopia

farsighted

True/False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

- F 1. Visually impaired residents should have their hands limited if they continually shake their fingers in front of their faces.
- F 2. A visually impaired resident requires little stimulation.
- F 3. It is not necessary to stimulate the senses that are impaired.
- T 4. It is a common behavior for visually impaired residents to put their fists and fingers in their eyes.
- T 5. The developmental trainee can encourage the visually impaired resident's sense of smell by placing the object under the resident's nose before allowing him/her to touch it.
- T 6. Avoidance of close work can be a sign of visual dysfunction.

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LESSON PLAN: 10

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

SCOPE OF UNIT:

This unit is designed to assist the learner in understanding developmental disabilities. Topics include developmental disabilities, mental retardation, cerebral palsy, autism, specific learning disabilities, neurological impairments, and seizure disorders/epilepsy and communication disorders.

INFORMATION TOPIC: V-10

COMMUNICATION DISORDERS
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Identify six key concepts related to communication disorders.
2. Match the communication disorder with the appropriate description.
3. List eight techniques for teaching the hearing impaired person.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Teaching Techniques
2. HO 2: Language Phrases

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Batshaw, M. L. and Perret, Y. M. Children with Handicaps. Baltimore: Paul H. Brookes Co., 1981, pp. 289-301.

INTRODUCTION:

The development of speech and communication in someone who has a communication disorder can be challenging and rewarding. In this lesson we will discuss communication disorders and techniques for assisting the resident with a communication disorder to communicate effectively with others.

LESSON PLAN: 10

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

INFORMATION TOPIC: V-10

OUTLINE: (Key Points)

PART II:

- I. Key concepts related to communication disorders.
 - A. Communication and language disorders are the person's inability to communicate.
 1. Both expressive and receptive language skills are delayed
 2. Can occur in people of normal intellectual development as well as developmentally disabled people
 3. Three disorders include:
 - a. Inability to understand or use a wide variety of words
 - b. Omission or incorrect usage of grammatical structures
 - c. Inability to respond appropriately to questions
 4. Results in:
 - a. Withdrawal from social contacts
 - b. Inability to understand or use the symbols of our language
 - c. Short auditory memory span
 - d. Inability to answer questions
 - e. Inability to appropriately comprehend and express grammatical structures
 - B. Expressive language disorders
 1. Delayed or inability to develop normal language
 2. Inability to express self
 3. Examples
 - a. Cerebral palsy
 - b. Learning disabilities

- C. Receptive language disorders
 - 1. Speech is articulate but lacks meaning
 - 2. Does not fully comprehend language
- D. Incidence is 3.5% of school population in the U.S.
- E. Etiology includes
 - 1. Biological causes
 - a. Neurological impairments
 - b. Structural
 - 1. Cleft palate
 - 2. Cleft lip
 - 3. Enlarged adenoids
 - 4. Hearing impairments
 - 5. Cerebral palsy
 - 6. Vocal cord deformities
 - 2. Functional causes
 - a. Not linked to an organic cause
 - b. Definite functional loss of a certain ability is present

II. Common communication disorders

- A. Articulation disorder
 - 1. Impaired ability to produce speech sounds correctly
 - 2. Causes
 - a. Organic or physical inability to produce sounds correctly
 - 1. Hearing loss
 - 2. Cleft lip and palate

3. Cerebral palsy
 4. Dental abnormalities
 5. Brain damage
 - b. Functional
 1. Poor speech models
 2. Poor speech production habits
- B. Voice disorders
1. Atypical or abnormal pitch, intensity, or quality characteristics
 2. Causes
 - a. Organic
 1. Diseases
 2. Growths on the vocal cords
 3. Cleft palate
 4. Hearing loss
 - b. Functional
 1. Improper breathing
 2. Improper sound production
 3. Improper voice quality mechanisms
- C. Fluency disorders
1. Behaviors that interfere with forward moving speech
 2. Three types
 - a. Stuttering
 1. Disturbance of rhythm and fluency of speech
 2. Characterized by:
 - a. Intermittent blocking
 - b. Convulsive repetition
 - c. Prolongation of sounds syllables, words, phrases, or posture of speech organs

- b. Normal nonfluency
 - 1. Repetition of sounds, syllables, words, or phrases without great effort
 - 2. Unnecessary prolonging of sounds and pauses
 - 3. Use of unnecessary sounds like "um" or "ah"
- c. Cluttering
 - 1. Rapid, nervous speech marked by omission of sounds or syllables
 - 2. Often characterized by disability in all areas of language usage
- D. Hearing impairment
 - 1. Types
 - a. Conduction
 - b. Sensorineural
 - c. Mixed
 - 3. Causes
 - a. Conduction
 - 1. Otitis media (ear infections)
 - 2. Cleft palate
 - 3. Sensorineural
 - a. Noise pollution
 - b. Genetically inherited conditions
 - c. Intrauterine infections (rubella)
 - d. Anoxia during delivery
 - e. Severe jaundice following birth
 - f. Bacterial meningitis
 - g. Head trauma
 - 4. Incidence

- a. 65% of the population in the U.S.
- b. Profound loss or deafness affects 1 in 1,000 children in the U.S.
 - 1. 65% are born deaf
 - 2. 12% become deaf during the first 3 years of life
 - 3. Remainder become deaf later in life

5. Implications for communication

- a. Hearing is necessary for speech and language to develop.
- b. Speech and language are developed by the child listening to and mimicking sounds made by others.
- c. Children who are deaf will coo and babble up to 9 months of age at which time the babbling gradually begins to decrease.
- d. Children who develop deafness before age three are capable of very little understandable speech.
- e. Some children who are born deaf have difficulty with reasoning as well as hearing.

6. Techniques for teaching the hearing impaired person.

- a. Communication board
 - 1.) Uses a combination of pictures, words, and letters for communication
 - 2.) Sometimes used by children with cerebral palsy and children who are mentally retarded and have hearing deficits
- b. Sign language
 - 1.) Hands and fingers spell words and form words and concepts
 - 2.) Used by individuals who can form words and letters with their hands and fingers and by various levels of mentally retarded children and adults.
- c. Amer-Ind Sign
 - 1.) Gestural code which conveys basic ideas versus specific words
 - 2.) Based on universal American Indian hand talk
- d. Lip reading
- e. Speech therapy

- f. Hearing aids
 - 1. Body aids
 - 2. Ear - level aids
(NOTE: Hearing aids should be cared for by properly trained personnel).
- g. Voice synthesizer
 - 1. Individual presses series of coded numbers
 - 2. Moderately mentally retarded can push buttons with pictures - concepts
 - 3. Synthesized voice says the sentence
- h. Hand-held typewriter which types words
 - 1. Words printed on paper so can be read by others
 - 2. Used by individuals with cerebral palsy

III. Summary and conclusions regarding communication disorders

- A. Key concepts related to communication disorders
- B. Common communication disorders

This lesson has presented key concepts related to communication disorders. It should enlighten you as to the special needs of the resident who has a communication disorder.

TEACHING TECHNIQUES

Demand eye contact from the student.

1. "Look at me."
2. Physically turn the student's head toward you.
3. Remove items the student may be playing with or looking at.
4. Put reinforcement by your eyes.

Qualify "good."

1. Tell the student exactly what it is you like that he's doing.
2. "That's good looking at me."
3. "That's good coming over to the table."

Set contingencies.

1. Must make it worthwhile for the student to work.
2. State the contingency positively - "As soon as you do the Frostig, you may listen to a record." or, "Those people who string beads get to walk downstairs and get a drink."
3. Remind the student of the contingencies.

Verbally cue the children.

1. Tell them what something is before asking what it is.
2. "This is a ball. What is it? It's a _____."
3. Give the first letter of a word if necessary. "This is a ball. What is it? It's a b_____."
4. If the student who has language responds with one word of a question, say "That's nice talking, but tell me in a sentence."
5. Cue the student to speak in sentences by giving him/her the first word of a sentence (Teacher) "Tell me what you want." "I _____."
6. If necessary, have the student speak in sentences by repeating each word of the sentence after you. (Teacher) "I want a puzzle." (Student) "I want a puzzle."

Encourage even unintelligible sounds such as babbling by "That's good talking" or "That's good trying to talk."

Physically cue the student.

1. Point to the correct answer or picture.
2. Place hands and arms over incorrect selections when asking the student to pick out something so he can't pick out the wrong cards. Only the correct selection will be left to pick up.
3. Place hand next to correct selection with palm up.
4. Physically manipulate the student's body to put him/her through the task. Physically make the child pick up a card, scribble with a crayon, throw a ball, etc.

Sequence of cuing.

1. Tell the student what to do.
2. If she/he does not follow the command, pair gestures with the verbal command.
3. If she/he still does not follow the command, physically put him/her through the motions.

Talk to the children constantly.

1. Positively reinforce the student often - "That's good sitting." - "That's nice working quietly."
2. Reinforce trying. If the student makes an incorrect response, reinforce him/her with: "That's good trying," or "That's good handing me the picture of the baby, but I want the picture of the book."
3. Avoid using negatives. Reword statements so that they are in positive terms. Tell the student what to do rather than what not to do. "Don't scream." can be stated "It's time to sit quietly." "Don't touch." can be stated "Keep your hands to yourself."
4. Use the phrase "It's time". . . whenever there is to be a change in the student's behavior - "It's time to work," "It's time to listen to a record," "It's time to sit on the floor."
5. Talk in a pleasant tone. Avoid sounding cross with the student.
6. Avoid asking yes/no questions unless you can accept a "no" answer from the student. You've given him/her a choice, now honor it.
7. Be enthusiastic. Especially if a child has lost the reinforcement, make comments regarding how much fun the other students are having or how good the edible is.

8. Tell the student what is happening. If there is a delay, such as when the teacher can't find a certain material, tell the student what you are doing.
9. Correct pronoun reversals. Teacher - "Do you want me to tie your shoe?" Student - "I want you tie your shoe." Teacher - "Tie my shoe."
10. Avoid using our or we unless the teacher is actively involved. Example - "I'm going to tie our shoe." (your)
11. May use sign language in addition to regular language.

Do not give eye contact or talk directly to a student when he is engaged in inappropriate behavior.

1. Use contingencies to get the child to attend without using his/her name. Example - "Those people who sit in their seats get to. . ."

Avoid showing the student that you are upset with him/her.

1. Do not talk about his/her inappropriate behavior in front of the student.
2. Avoid making facial expressions denoting displeasure.

If student becomes aggressive when hugging or embracing the teacher, let your body become limp.

Ignore inappropriate behavior.

1. Ignore as much inappropriate behavior as possible, screaming, hitting table, etc.
2. However, physically intervene when student can ~~injure~~ self or peers.
3. Once you've started to ignore a behavior, you must continue until the behavior ceases.
4. To aid in ignoring the student, you can strip the class of materials.
5. Have an aide take the rest of the students out of the room.

Control the physical environment.

1. Keep materials out of reach of the student if you don't want him/her to have it.
2. Keep chalk, erasers, etc. in a smock away from the student.
3. Keep material out of sight if the students are easily distracted.

Utilize the Premack Principle in scheduling.

1. Desensitizer - something fun, normally not associated with school. Low - hard or dislike; high - relatively easy or like
2. Include movement in the schedules especially for the hyperactive student.
3. Take cues from the student as to how long an activity should last. There is no use in continuing the activity if the student isn't attending.

Structure classes with models.

1. Include a behavior, language, and social model in each class.
2. Teachers and aides should act as models for the students.

Make transitions between activities smoothly

1. Have the students help put materials away; allow them to put lids on boxes, caps on cans, etc.
2. Keep the students occupied between the activities; have them move to the next location for the upcoming activity.
3. Use the following sequence of language between the activities:
 - a. "It's time to put _____ away."
 - b. "It's time to work."
 - c. "It's time to push your chairs to the flannel board" or "I want you to sit at the table."

Write or phone the parents about the "good" things the student is doing.

Be a salesman; be creative.

Transitional classes

1. Gradually change the language back to "normal" dialogue.
2. Gradually increase stimuli in the classroom. (The goal is to approximate a normal classroom.)

Source unknown

LANGUAGE PHRASES

Always speak to the resident whether or not you believe s/he understands what you are saying:

You can't be certain that s/he doesn't understand.

Talking to the resident reinforces your own therapeutic behavior and approach.

1. "Good working."
2. "Good trying."
3. "Good ____." (coloring, listening, marching)
4. To obtain eye contact, say: "Look at me." or "That's nice talking, but look at me and say it."
5. "That's nice looking at me."
6. "Good trying to ____." (kick the ball, jump, walk backwards)
7. "Nice ____." (trying, sitting, working)
8. "Nice waiting."
9. "Nice waiting for me to get the ____."
10. "Good coming over."
11. "Good coming over to the table."
12. "That's good coming over to the table, but it's time to sit down."
13. "That's good talking."
14. "Hand me the ____." (yellow crayon, chalk, picture of a dog) Cue the child by covering incorrect answers with one hand and pointing to the correct answer with the other hand.
15. Tell the student what to do. "It's time to ____." (work, play ball, etc.)
16. Tell him/her where to go. "It's time to sit ____." (at the table, on the floor, etc.) or "I want you to sit by the record player."
17. Praise trying. "That's good trying to work your puzzle, but the apple goes here."
18. Give the correct answer first. "This is a ball." "What is it?" "It's a ____." (ball)
19. Contingencies - "Those people who do their work, get to ____." (ride the bike, blow bubbles, etc.)

20. Explain why they earned a contingency - "Because you did your _____ (work, coloring), you get to _____." (blow bubbles)
21. Modeling technique. "Look at Sidney. See how nice he's marching."
22. Tell the resident when he will get a turn. "As soon as Sidney has a turn, you get to have a turn." or "As soon as Sidney has a turn, Robbie gets a turn."
23. As soon as you _____ (sit down), you can have your magazine."
24. At the end of the activity say, "It's time to put _____ (the record, puzzles) away."
25. "Who needs paper?" "Raise your hand and say 'I do'."
26. When a resident fails to earn a contingency, name the children who did. "Sid and Mike, because you did your work, you get to jump on the jump-o-lene."
27. Rules - "The rule is you _____." (keep your hand to yourself)

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LESSON PLAN: 10

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

INTERACTION ITEMS: (Review Items)

1. Define the following terms:
 - a. Communication disorders
 - b. Language disorders
2. What causes communication disorders?
3. Describe and indicate the cause of the following communication disorders:
 - a. Articulation disorders
 - b. Voice
 - c. Fluency
 - d. Hearing

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Observe a speech therapist working with residents who have communication disorders.
2. Try to communicate a message to a co-worker using a sign language or a communication board.

LESSON PLAN: 10

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

ANSWERS TO EVALUATION ITEMS

I. True/False:

- T 1. Communication and language disorders can occur in people with normal intellectual development as well as among people who are developmentally disabled.
- T 2. Communication and language disorders cover a wide range of areas including the inability to respond appropriately to questions and write a variety of words.
- F 3. Communication disorders occur in approximately 7% of the school age children in the U.S.
- F 4. Proper breathing techniques will correct voice disorders which have an organic cause.
- T 5. Sixty-five per cent (65%) of the U.S. population suffers from some form of hearing impairment.
- F 6. All communication disorders have a biological cause.
- F 7. Ear infections result in sensorineural hearing impairments.
- T 8. Voice and articulation disorders can both be caused by cleft palate.
- F 9. Individuals who have communication disorders are generally very outgoing.
- T 10. There are no structural defects in the organs necessary for speech when the disorder has a functional cause.

II. Short answer

List five techniques for teaching the hearing impaired person:

- 1. Communication Board
- 2. Sign language
- 3. Amer-Ind Sign
- 4. Lip reading
- 5. Speech therapy

6. Hearing aids
7. Voice synthesizer
8. Hand-held typewriters

III. Matching

- | | |
|--------------------------|----------------------|
| a. articulation disorder | e. sensorineural |
| b. voice disorder | f. stuttering |
| c. fluency disorder | g. cluttering |
| d. conduction | h. normal nonfluency |

- | | |
|----------|---|
| <u>c</u> | 1. Behaviors that interfere with forward moving of speech. |
| <u>e</u> | 2. This type of hearing impairment is a result of nerve damage. |
| <u>b</u> | 3. These disorders are characterized by atypical or abnormal pitch, intensity, or quality. |
| <u>f</u> | 4. A type of fluency disorder in which there is a disturbance of rhythm and fluency of speech. |
| <u>d</u> | 5. Ear infections are one of the causes of this type of hearing impairment. |
| <u>a</u> | 6. This disorder is defined as an impaired ability to produce speech sounds correctly. |
| <u>g</u> | 7. This fluency disorder is characterized by rapid, nervous speech marked by omission of sounds or syllables. |
| <u>h</u> | 8. This fluency disorder is characterized by the unnecessary prolongation of sounds and pauses. |

LESSON PLAN: 11

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

SCOPE OF UNIT:

This unit presents key concepts related to physical and sensorimotor development, intellectual, social and emotional, language, and sexual development.

INFORMATION TOPIC: V-II

SEX EDUCATION AND THE MENTALLY RETARDED
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Define the terms sex, sex education, and sexuality.
2. List eight influences on sexuality.
3. List four reasons why the mentally retarded need to know about sex.
4. List ten concepts regarding sexuality and reproduction the mentally retarded need to know.
5. Identify resources available to aid in teaching.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

- 1: Film: Sexuality and the Mentally Handicapped (Available from: Stanfield Film Associates)
2. Film: On Being Sexual - Winifred Kempton and Sol Gordon, Ph D.

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Kempton, W. Sex Education for Persons with Disabilities that Hinder Learning: A Teacher's Guide. Philadelphia, PA: Planned Parenthood of Southeastern Pennsylvania.

Kempton, W. and Forman, R. Guidelines for Training in Sexuality and the Mentally Handicapped. Philadelphia, PA.: Planned Parenthood Association of Southeastern Pennsylvania, 1976.

INTRODUCTION:

Everyone is born with sexual needs. As we grow we are taught how to satisfy those needs. People who are mentally retarded, however, are many times never taught how to satisfy their sexual needs. In fact many people act as though they have no sexual needs. Consequently, they may never develop healthy attitudes toward their sexuality or they may be sexually exploited by others. In this lesson we will discuss sex education for people who are mentally retarded, key terminology, key concepts related to sexuality and reasons why this education should occur.

LESSON PLAN: 11

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

INFORMATION TOPIC: V-11

OUTLINE: (Key Points)

PART II:

I. Key terminology

A. Sex

1. Expression of feelings and emotions
2. Intercourse
3. Emotion
4. Communication
5. Gender - male or female

B. Sex Education

1. Education about human sexuality
2. Process of learning about being male and female
3. Totality of being human

C. Sexuality

1. Instincts, drives, behaviors associated with sex
2. Sexual drive or activity

II. Reasons why people who are mentally retarded need sex education

A. Sex education is needed to help the mentally retarded acquire knowledge and develop healthy attitudes toward their own sexuality.

1. They may not know what, when, or who to ask for help regarding sex.
2. Their reading level may limit their access to accurate information.
3. They may not have good sources of information.

4. Their chances to observe, develop, and practice social skills are limited.
 5. It is difficult for them to distinguish reality from unreality.
 6. They are vulnerable to being sexually exploited.
- B. Sex education helps prevent the mentally retarded from being sexually exploited.
1. Many mentally retarded individuals will do whatever is asked of them without questioning.
 2. They may be unaware of appropriate sexual behavior.
 3. Many possess poor judgment in forming relationships.
 4. May have difficulty controlling impulses.
 5. May have difficulty predicting the consequences of their acts.
- C. Sex education is needed to prevent the mentally retarded from having difficulty with the law because one third of all charges against the mentally retarded are sexually related.

III. Three types of sex education

- A. Environmental
1. Taught indirectly by our environment
 2. Learned from conditioning and observation.
- B. Experimental - Experience leads to a teaching moment.
- C. Formal
1. Planned by a particular person
 2. Presented for a selected group

IV. Key Concepts related to sexuality

- A. Prerequisite for teaching sex education
1. Awareness of our own sexuality
 2. Awareness of body and body mechanics
 3. Ability to communicate using sexual terms

B. Influences on sexuality

1. Media
2. Advertising
3. Art, music, recreation
4. Graffiti, jokes
5. Peers
6. Parents
7. School
8. Church

C. Concepts regarding sexuality and reproduction the mentally retarded need to know

1. Menstruation
2. Body parts
3. Birth control
4. Pregnancy
5. Masturbation
6. Puberty - physical reactions
7. Wet dreams
8. Socially appropriate behaviors
9. Privacy
10. Mechanics of intercourse
11. Homosexuality
12. Genetics
13. Emotional expression of love
14. Myths
15. Responsibility
16. Consequences of behavior

- 17. Marriage
- 18. Parenthood
- 19. Dating

V. Summary and conclusions

- A. Key terminology
- B. Reasons why people who are mentally retarded need sex education
- C. Three types of sex education
- D. Key concepts related to sexuality

The focus of this lesson has been sex education for the mentally retarded. This material should assist you in helping clients meet their sexual needs.

LESSON PLAN: 11

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

INTERACTION ITEMS: (Review Items)

1. Define the following terms.
 - a. Sex
 - b. Sex education
 - c. Sexuality
2. Why do people who are mentally retarded need sex education?
3. What are three types of sex education? Define each type.
4. What are three prerequisites for teaching sex education?
5. Give examples of influences on sexuality.
6. Give examples of concepts people who are mentally retarded need to know.

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. Slide presentation on "Sexuality and the Mentally Handicapped.
2. Distribute magazine advertisements to students and have them identify any sexual messages.
3. Roleplaying situations - students will assume role of sex education teacher.
4. Film - "On Being Sexual"

LESSON PLAN: II

COURSE TITLE: Basic Paraprofessional Training

UNIT V : Understanding MR/DD

ANSWERS TO EVALUATION ITEMS

I. Define the following terms:

a. Sex

An expression of feelings and emotions; intercourse; emotion; communication; gender - male or female

b. Sex education

Education about human sexuality; process of learning about being male and female; totality of being human

c. Sexuality

Instincts, drives, behaviors associated with sex: sexual drive or activity

II. List five (5) influences on sexuality.

a. Media

b. Advertising

c. Art, music, recreation

d. Grafitti, jokes

e. Peers

f. Parents

g. School

h. Church

III. List three (3) reasons why the mentally retarded need to know about sex.

a. To help the mentally retarded acquire knowledge and develop healthy attitudes toward their own sexuality

b. To help prevent the mentally retarded from being sexually exploited

c. To help prevent the mentally retarded from having difficulty with the law.

IV. List five (5) concepts regarding sexuality and reproduction the mentally retarded need to know about.

- a. Menstruation
- b. Body parts
- c. Birth control
- d. Pregnancy
- e. Masturbation
- f. Puberty - physical reactions
- g. Wet dreams
- h. Socially appropriate behaviors
- i. Privacy
- j. Mechanics of intercourse
- k. Homosexuality
- l. Genetics
- m. Emotional expression of love
- n. Myths
- o. Responsibility
- p. Consequences of behavior
- q. Marriage
- r. Parenthood
- s. Dating

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LESSON PLAN: 1

COURSE TITLE: Basic Paraprofessional Training

UNIT VI : Habilitation Process

SCOPE OF UNIT:

This unit is designed to introduce the student to the habilitation process. Information will be presented on understanding behavior, creating a learning environment, utilizing behavioral objectives and task analyses, collecting data, and implementing techniques that will increase and/or decrease behavior.

INFORMATION TOPIC: VI-I

UNDERSTANDING BEHAVIOR
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. List five basic assumptions for understanding behavior.
2. Describe the ABC Analysis of Behavior.
3. State the purpose for understanding the ABC Analysis of Behavior.
4. Given situations, distinguish between "A", "B", and "C".

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. Activity #1: ABC Analysis of Behavior
2. Film: Who Did What to Whom (available from UAF)
3. Slides: The ABC's of Behavior (available from SLDDTC)

INFORMATIONAL ASSIGNMENT: (Student)

None

REFERENCE: (Instructor's Additional Information)

Baker, B.L., Brightman, A.J., Heifetz, L. J., and Murphy, D.M. Behavior Problems. Champaign, IL: Research Press.

Dinkmeyer, D. & McKay, G.D. Raising a Responsible Child. New York: Simon & Schuster Publishers, 1973.

Walker, J.E. & Shea, T.M. Behavior Modification: A Practical Approach for Educators. 2nd ed. St. Louis: C.V. Mosby Co, 1980.

INTRODUCTION:

What would you say if you were asked to define behavior or explain why someone behaved as s/he did? These questions are difficult to answer but very important. When working with people you must have a basic understanding of behavior and why people behave as they do. Therefore, in this lesson we are going to discuss some basic assumptions for understanding behavior and the ABC analysis of behavior.

LESSON PLAN: I

COURSE TITLE: Basic Paraprofessional Training

UNIT VI: Habilitation Process

INFORMATION TOPIC: VI-I

OUTLINE: (Key Points)

I. Basic assumptions for understanding behavior

A. Behavior can be better understood by examining the pattern rather than isolated events.

1. Behavior is influenced by the individual's basic beliefs about life.
2. Isolated behavior does not provide enough information for understanding the individual's actions.
3. People don't react; they interpret situations and decide on courses of action.
 - a. Many times the interpretations are biased, based on personal perceptions.
 - b. People attach subjective, personalized meanings to all transactions.

B. Everyone has basic psychological needs.

1. Love and acceptance
2. Security
3. Sense of belonging to a group
4. Approval and recognition of self
5. Feeling of independence

C. Behavior is goal directed and has meaning

1. Behavior reflects the psychological needs of the individual.
2. Satisfaction of the psychological need then becomes the goal for the behavior.
3. The behavior an individual exhibits gives information about his/her self-image.
 - a. Attention-getting

- 1) Most people display positive behaviors for attention
 - 2) Some people believe negative attention is better than being ignored.
- b. Struggle for power
 - 1) Individual is out to show s/he can control
 - 2) Some individuals refuse to cooperate and do exactly what they want to in an attempt to control.
- c. Display of inadequacy or assumed disability
 - 1) This individual is deeply discouraged
 - 2) Protects self from failure by a display of inadequacy
 - 3) Purpose is to escape other's expectations
- D. Behavior will reoccur if reinforced
- E. Behavior can be managed by:
 - 1. Understanding the ABC analysis of behavior
 - 2. Utilizing the guidelines for managing behavior
 - 3. Respecting the individual
 - 4. Encouraging the individual
 - 5. Communicating respect, love, worth, and value as an individual
 - 6. Reinforcing appropriate behavior

II. Key concepts related to the ABC analysis of behavior

- A. Purpose of understanding the ABC analysis of behavior
 - 1. Increases our skills in observing behavior
 - 2. Provides us with information that may be helpful in managing behavior
 - a. Behavior can be modified if the antecedents are changed
 - b. Behavior can be modified if the consequences are changed
- B. "A" or antecedent
 - 1. Describes the setting in which the behavior occurred
 - 2. Provides information necessary for understanding the behavior

3. Answers the questions of when and where
4. Influences behavior
- C. "B" or behavior, is a statement of the behavior that occurred
- D. "C" or consequences
 1. Describes the action that followed the behavior
 2. Provides necessary information for understanding the behavior
 3. Influences or reinforces behavior
 - a. Pleasant consequences increase the chances of it reoccurring
 - b. Negative consequences decrease the chances of it reoccurring

III. Summary and conclusion

- A. Basic assumptions for understanding behavior
- B. Key concepts related to the ABC analysis of behavior

This lesson has centered around basic assumptions for understanding behavior and key concepts related to the ABC analysis of behavior. This information will provide insight into understanding why habilitation techniques are effective. It is important to report behavior objectively rather than letting your feelings enter into the situation.

LESSON PLAN: 1

COURSE TITLE: Basic Paraprofessional Training

UNIT VI: Habilitation Process

ACTIVITY #1

ABC Analysis of Behavior

Directions: Identify the antecedent (A), behavior (B), and consequence (C) in each of the following situations.

One hot afternoon in late August, Mr. Byers, the junior high science teacher, dismissed the class late and the following incident occurred: A student, Sara, while passing near another student, Jane, stumbled and fell on the floor. "You tripped me!" she cried running at Jane and grabbing her hair. Jane fought back kicking at Sara. Mr. Byers shouted, "Stop!", but the girls kept fighting. Mr. Byers walked quickly to where they were and separated them.

Ernest has a history of being a problem behavior. He attends the sheltered workshop six hours a day. On Tuesday last week the work day started with Ernest being late. He was assigned to work at the deburring table with Ralph and Myron. He grumbled about not liking that job, but did go to his work station. Fifteen minutes later, Ernest started teasing Myron about his girlfriend, Pat, saying that her hair was too short. Myron did not do anything. Then Ernest started dropping material on the floor and in a 20 minute period only completed 6 pieces of work. The workshop manager told Ernest that he would not get a coffee break because of his poor work quality. Ernest said he did not care. While the others were on break, Ernest ran out the door and was not seen again that day.

Jim held the nail steady as he swung the hammer in a wide half-circle. The head of the hammer hit squarely on Jim's thumb. Jim screamed and uttered several four letter words. His thumb turned purple later that day.

LESSON PLAN: 1

COURSE TITLE: Basic Paraprofessional Training

UNIT VI : Habilitation Process

INTERACTION ITEMS: (Review Items)

1. Discuss the significance of each of the basic assumptions for understanding behavior.
2. What information about the individual's self-image do we receive from the behavior she/he exhibits?
3. Describe the ABC analysis of behavior.
4. Why is it important to understand the ABC analysis of behavior?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES:

1. Complete Activity #1: ABC Analysis of Behavior. Have the students identify the antecedent (A), behavior (B), and consequence (C) in the situations described. Discuss their responses.
2. Show film: Who Did What to Whom.
3. Show slides on the ABC's of Behavior

LESSON PLAN: I

COURSE TITLE: Basic Paraprofessional Training

UNIT VI: Habilitation Process

ANSWERS TO EVALUATION ITEMS

Short Answers

- I. List two basic assumptions for understanding behavior.
 - A. Behavior can be better understood by examining the pattern rather than isolated events
 - B. Everyone has psychological needs
 - C. Behavior is goal directed and has meaning
 - D. Behavior will reoccur if reinforced
 - E. Behavior can be managed
- II. Describe in writing the ABC analysis of behavior.

"A" or antecedent describes the setting in which the behavior occurred. It provides information necessary for understanding the behavior. "A" answers the question of when and where.

"B" or behavior is a statement of the behavior that occurred.

"C" or consequence describes the action that followed the behavior. "C" provides necessary information for understanding the behavior.
- III. State the purpose for understanding the ABC analysis of behavior.
 - A. Increases skills in behavior observation
 - B. Provides information helpful in managing behavior because behavior can be modified if the antecedents or consequences are changed

LESSON PLAN: 2COURSE TITLE: Basic Paraprofessional TrainingUNIT VI: Habilitation Process

SCOPE OF UNIT:

This unit is designed to introduce the student to the habilitation process. Information will be presented on understanding behavior, creating a learning environment, utilizing behavioral objectives and task analyses, collecting data, and implementing techniques that will increase and/or decrease behavior.

INFORMATION TOPIC: VI-2

MANAGING BEHAVIOR
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. List five steps to changing behavior and recall the role of the developmental trainee in each.
2. Recall three key concepts related to creating an environment conducive to learning.
3. Differentiate between stimulus, response, and reinforcer.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: The Learning Process
2. Activity #1: Differentiating Between Stimulus and Response
3. Activity #2: Differentiating Between Stimulus, Response and Reinforcer

INFORMATIONAL ASSIGNMENT: (Student)

None

REFERENCE: (Instructor's Additional Information)

Walker, J. E. & Shea, T. M. Behavior Modification: A Practical Approach for Educators. 2nd ed. St. Louis: C.V. Mosby Co, 1980.

INTRODUCTION:

A primary job responsibility of the developmental trainee is implementing the IHP. In so doing, it is important that the trainee understand the steps to changing behavior and concepts related to creating an environment conducive to learning. These topics will be discussed in this lesson.

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LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT VI: Habilitation Process

INFORMATION TOPIC: VI-2

OUTLINE: (Key Points)

I. Steps to changing behavior

A. Select a target behavior

1. Factors that are considered when selecting the target behavior
 - a. Total number of behaviors that need to be changed
 - b. Type of behavior
 - c. Frequency of the behavior (it may be absent)
 - d. Duration of the behavior
 - e. Intensity of the behavior
 - f. It must be measurable and observable
2. Target behaviors are prioritized
3. The target behavior is described in the form of an objective. The terminology is objective and specific and describes the:
 - a. Performance level
 - b. Behavior to be changed
 - c. Method for changing the behavior
4. The IHP team will select the target behavior

B. Develop the Individualized Habilitation Plan

1. The IHP will be developed by the IHP team
2. The objectives, task analyses, and appropriate reinforcers will be described in writing
3. The developmental trainee will use the IHP as the basis for all habilitation efforts with the resident

- C. Collect and record baseline data.
 - 1. This provides information for evaluating the effectiveness of the training program.
 - 2. The IHP team will determine the method for collecting and recording baseline data.
 - 3. The developmental trainee will have an active role in the actual collection and recording of data.
 - D. Implement the IHP
 - 1. The developmental trainee will be the primary implementor of the IHP training program.
 - 2. The IHP team will guide and direct the developmental trainee in these efforts.
 - 3. An important aspect of this is creating an environment conducive to learning.
 - E. Evaluate the effectiveness of the IHP
 - 1. Data will be collected, recorded and compared with the baseline data.
 - 2. The IHP team will evaluate the effectiveness of the IHP and revise it as necessary.
 - 3. The developmental trainee plays a major role in collecting and recording the data as directed by the IHP team.
- II. Key concepts related to creating an environment conducive to learning
- A. Elements of the learning process
 - I. Stimulus
 - a. Sets the occasion for a response to occur
 - 1) Object
 - 2) Event
 - 3) Person
 - b. Important because it usually cues a particular response

2. Response
 - a. Activity or behavior performed in the presence of a particular stimulus
 - b. Relationship between the stimulus and response is very important.
3. Reinforcer
 - a. Environmental change that follows the occurrence of behavior
 - b. Can be a natural event or artificially introduced
 - 1) Natural - relieving thirst after drinking water
 - 2) Artificial - rewarded with a cookie for putting on a shirt
 - c. Intervention or training programs focus on developing appropriate reinforcers that produce the desired effect in behavior.

B. Tips for teaching new behavior

1. Study the individualized behavioral objectives in terms of the response the resident is expected to make.
2. Select a stimulus that will serve as a cue for the learner to respond (antecedent).
3. Select a reinforcing consequence to increase the chance that the desired response will occur again (consequence).
4. Observe and record the number of times the desired behavior occurs.

C. Select an environment that is conducive to learning.

1. Keep distractions to a minimum
2. Common distractions include:
 - a. Noise
 - b. Bright colors
 - c. Bright clothing
 - d. Other people
 - e. Windows
 - f. Pictures
 - g. Jewelry
 - h. Glasses

3. Initially only the learner, teacher, and materials are necessary for the activity

III. Summary and conclusion

- A. Steps to changing behavior
- B. Key concepts related to creating an environment conducive to learning

The purpose of this lesson was to discuss the steps to changing behavior and key concepts related to creating an environment conducive to learning.

THE LEARNING PROCESS

The process of learning can be divided into four steps.

1. We must first want something (the need, the drive or the motivation.)
Example: need - hunger. A newborn baby becomes hungry and his tissue needs impel him to restless activity.
2. We must then notice something (the stimulus or cue).
Example: stimulus - feel of nipple in mouth; Mother offers food.
3. We must then do something about the stimulation (the response).
Example: response - sucking; Baby sucks and the hunger pangs subside.
4. We must then get something (the reward, the reinforcement, or the need reduction). Example: reinforcement - relief from hunger pain; He becomes comfortable and drowsy.

The learning process is beginning. Within a few days the baby will make sucking responses if his cheek is stroked and he is hungry. He has learned food brings relief. Soon he will begin to associate many other cues with what he has now learned. The stronger the reinforcement the stronger the learning. Sometimes a single traumatizing experience will result in a pronounced form of learning - example: burning of the fingers, falling down the steps.

Learning is not an all or none affair. It is a process with each of the steps capable of being elaborated.

Something once well-learned is never fully forgotten. It is stored in our subconscious mind and can be brought to our awareness. Sometimes this flashback is immediate, we must concentrate on others for a while. Once-acquired skills can usually be released easily with a little practice. Example: riding a bicycle.

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT VI: Habilitation Process

ACTIVITY #1

Differentiating Between Stimulus and Response

Directions: Read each statement below. Draw a line under the stimulus and circle the response.

1. Sally began to cry when she saw the snake.
2. John threw the paper on the floor when the teacher told him to return to his seat.
3. Susie told her mother when Amy took her doll away.
4. David yelled at his family after he had a bad day at work.
5. Cindy cried when learned she had failed the test.

COURSE TITLE: Basic Paraprofessional Training

UNIT VI: Habilitation Process

Differentiating Between Stimulus, Response and Reinforcer

Directions: Read each statement below. Identify the stimulus, response, and reinforcer. Write your response in the space provided.

1. Cindy runs to the bulletin board and tears the papers off when the teacher tells her she cannot help decorate the board. The teacher grabs her hand to prevent her from tearing off any more papers.
2. Daniel picks up all his toys and places them in a toy box after his mother says, "Pick up your toys." His mother gives him a big hug and tells him he is a good boy.
3. Hector picks the scab on his hand so often that it does not have time to heal. Each time the instructor sees him pick the scab, she takes him to the clinic to see his favorite nurse who cleanses the wound.

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4.

Jeffrey eats the paste placed on the table for art projects. Each time the instructor catches him eating paste, she rinses his mouth with cherry-flavored mouthwash.

5.

Johnny doesn't like to be in school. As a result, Johnny complains of severe stomach cramps during class. The principal calls Johnny's mother who comes and takes him out of school.

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT VI: Habilitation Process

ACTIVITY #1 KEY

Differentiating Between Stimulus and Response

Directions: Read each statement below. Draw a line under the stimulus and circle the response.

1. Sally began to cry when she saw the snake.
2. John threw the paper on the floor when the teacher told him to return to his seat.
3. Susie told her mother when Amy took her doll away.
4. David yelled at his family after he had a bad day at work.
5. Cindy cried when she learned she had failed the test.

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT VI: Habilitation Process

ACTIVITY #2 KEY

Differentiating Between Stimulus, Response and Reinforcer

Directions: Read each statement below. Identify the stimulus, response, and reinforcer. Write your response in the space provided.

1. Cindy runs to the bulletin board and tears the papers off when the teacher tells her she cannot help decorate the board. The teacher grabs her hand to prevent her from tearing off any more papers.

Cindy's stimulus: told she cannot help decorate

Cindy's response: tears paper off the bulletin board

Cindy's reinforcer: teacher grabs and holds her hand

2. Daniel picks up all his toys and places them in a toy box after his mother says, "Pick up your toys." His mother gives him a big hug and tells him he is a good boy.

Daniel's stimulus: mother says, "pick up your toys"

Daniel's response: picks up all of his toys

Daniel's reinforcer: mother gives Daniel a big hug and tells him he is a good boy

3. Hector picks the scab on his hand so often that it does not have time to heal. Each time the instructor sees him pick the scab, she takes him to the clinic to see his favorite nurse who cleanses the wound.

Hector's stimulus: instructor takes Hector to see his favorite nurse

Hector's response: picks scab on hand so wound won't heal

Hector's reinforcer: able to see his favorite nurse

4. Jeffrey eats the paste placed on the table for art projects. Each time the instructor catches him eating paste, she rinses his mouth with cherry-flavored mouthwash.

Jeffrey's stimulus: instructor rinses mouth with cherry-flavored mouthwash

Jeffrey's response: eats paste

Jeffrey's reinforcer: mouth is rinsed with favorite mouthwash

5. Johnny does not like to be in school. As a result, Johnny complains of severe stomach cramps during class. The principal calls Johnny's mother who comes and takes him out of school.

Johnny's stimulus: does not like to be in school

Johnny's response: complains of stomach cramps

Johnny's reinforcer: principal calls Johnny's mother who takes him out of school

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT VI: Habilitation Process

INTERACTION ITEMS: (Review Items)

1. What are the five steps for changing behavior?
2. Who selects the target behaviors?
3. Who prioritizes the target behaviors?
4. What is the role of the developmental trainee in collecting and recording data?
5. What is the role of the developmental trainee in implementing the habilitation plan?
6. Who evaluates the effectiveness of the IHP?
7. What are the elements of the learning process?
8. What are the steps in teaching a new behavior?
9. Describe an environment that is conducive to learning.

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES:

1. Have the students complete Activity #1.
2. Have the students complete Activity #2.
3. Select actual IHP's and have the students describe in writing the environment best suited for the learning situation.

LESSON PLAN: 2

COURSE TITLE: Basic Paraprofessional Training

UNIT VI: Habilitation Process

ANSWERS TO EVALUATION ITEMS

I. List the steps for changing behavior.

1. Select the target behavior
2. Develop the IHP
3. Collect and record baseline data
4. Implement the IHP
5. Evaluate the effectiveness of the plan

II. Multiple Choice

Select the best response and place the letter in the space provided.

- b 1. Stimulus, response, and reinforcer are elements of the:
- a. ideal learning environment
 - b. learning process
 - c. objective
 - d. task analysis
- a 2. Any object, person or event in the environment that sets the occasion for the response is a:
- a. stimulus
 - b. response
 - c. reinforcer
 - d. none of the above

b 3. The behavior that the learner performs in the presence of the stimulus is the:

- a. stimulus
- b. response
- c. reinforcer
- d. none of the above

 c 4. What happens to the learner after the behavior occurs is called:

- a. stimulus
- b. response
- c. reinforcer
- d. none of the above

 4 5. The primary role of the developmental trainee in the habilitation process is:

- a. select and prioritize the target behaviors
- b. determine the method of data collection
- c. collect and record data
- d. implement the IHP
- e. evaluate the effectiveness of the IHP

- | | |
|--------------|----------|
| 1. a, b, & c | 3. a & c |
| 2. b, d, & e | 4. c & d |

LESSON PLAN: 3

COURSE TITLE: Basic Paraprofessional Training

UNIT VI: Habilitation Process

SCOPE OF UNIT:

This unit is designed to introduce the student to concepts/techniques for teaching the resident. These concepts and techniques include understanding behavior, creating a learning environment, utilizing behavioral objectives and task analyses, collecting data, reinforcing behavior, and utilizing techniques to increase, decrease, and maintain behavior.

INFORMATION TOPIC: VI-3

UTILIZING BEHAVIORAL OBJECTIVES AND TASK ANALYSIS
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Define behavioral objective.
2. List the component parts of a behavioral objective.
3. Define task analysis.
4. Describe the purpose of a task analysis.
5. Differentiate between forward and backward chaining.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

INFORMATIONAL ASSIGNMENT:

REFERENCES: (Instructor's Additional Information)

INTRODUCTION:

Behavioral objectives and task analyses provide us with specific guidelines for overall goals established for the resident. The behavioral objective specifies the behaviors to be learned, whereas the task analysis breaks the targeted behavior into individual steps. Each step can be learned in a sequence called chaining. Chaining can be taught by one of two procedures, forward chaining or backward chaining. In this lesson, we will discuss behavioral objectives, task analyses, and forward and backward chaining in more detail.

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LESSON PLAN: 3

COURSE TITLE: Basic Paraprofessional Training

UNIT VI: Habilitation Process

SCOPE OF UNIT:

INFORMATION TOPIC: VI-3

OUTLINE: (Key Points)

- I. Key concepts related to behavioral objectives
 - A. Behavioral objectives refer to behaviors that can be objectively observed and measured.
 1. Specify the behavior that is to be learned
 2. Are used to help accomplish resident goals derived from the resident assessment
 - B. Component parts of behavioral objectives
 1. Conditions under which the behavior is to occur
 - a. Statement of the circumstances
 - b. Examples
 1. When given the opportunity
 2. In routine daily living
 3. When asked
 4. With verbal and physical assistance
 5. Given a pegboard and 15 pegs
 2. Name of the person who is to perform the behavior
 3. Statement or description of the behavior that is to be changed
 - a. States exactly what the person is expected to do in observable and measurable terms
 - b. It is very specific, not general.

4. Criterion: Level at which the behavior is to be performed
 - a. Answers one or more of the following:
 - 1) For how long
 - 2) How many times
 - 3) How often
 - 4) How well
 - b. It should not expect 100% or a perfect performance.
 - c. May be referred to as criteria
 - d. Provides information for evaluation
5. Expected length of time for completing the objective
 - a. Projected completion time
 - b. Important for evaluation purposes

II. Key concepts related to a task analysis

- A. Task analysis is a detailed description of each step or behavior needed to accomplish an objective.
 1. Is the actual analysis of a learning task
 2. Describes the chain or sequence of behaviors needed to accomplish a task
- B. Each step specifies the exact behaviors to be performed in order to complete the stated objective.
- C. Each step is ordered.
- D. The task analysis is important for the staff person teaching the resident.
 1. Provides guidelines for teaching the steps
 2. Identifies potential problems in the learning process
 3. Can be used when recording the resident's progress or lack of it
- E. Task analysis must be individualized for each resident.

F. Sequence of steps in a task analysis is called a chain.

1. Teaching these steps is called chaining.
2. Two methods of teaching chaining
 - a. Forward chaining
 - b. Backward chaining

III. Key concepts related to forward and backward chaining

A. Forward chaining is a teaching procedure in which instruction begins with the first step and works toward the last step.

1. The steps are written in a forward chaining sequence.
2. All steps in the chain are taught at one time.
3. Reinforcement is given for approximations of the target behavior.

B. Backward chaining is a teaching procedure in which instruction begins with the last step in the sequence and proceeds toward the first step.

1. Probably more frequently used than forward chaining
2. Very successful procedure for teaching the following:
 - a. Dressing
 - b. Eating
 - c. Bed making
 - d. Other self-help and ADL skills
3. The trainer performs all steps except for the last which is completed by the resident.
4. Reinforcement is given after the resident completes the last step.
5. Generally believed this procedure will result in better retention skills

IV. Summary and conclusion

- A. Key concepts related to behavioral objectives
- B. Key concepts related to a task analysis
- C. Key concepts related to forward and backward chaining

In this lesson, we have discussed key concepts related to behavioral objectives, task

analyses and chaining. As a Developmental Assistant I, you will be expected to take a behavioral objective and task analysis and teach a resident a specific behavior. You will teach this behavior using either forward or backward chaining. An opportunity for practicing this skill will be provided before the class is finished.

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LESSON PLAN: 3

COURSE TITLE: Basic Paraprofessional Training

UNIT VI: Habilitation Process

INFORMATION TOPIC: VI-3

INTERACTION ITEMS: (Review Items)

1. What is a behavioral objective?
2. What are the component parts of a behavioral objective?
3. What is the criterion level of a behavioral objective?
4. Define task analysis.
5. Discuss the importance of the task analysis.
6. Define forward and backward chaining.
7. When is reinforcement given when using backward chaining?

CLASSROOM, LABORATORY, SHOP, OR OTHER ACTIVITIES:

1. In role play situations, demonstrate backward and forward chaining. Have each of the students practice these techniques with another student as their partner.
2. Review sample behavioral objectives and task analyses. Have students identify the component parts of each.

LESSON PLAN: 3

COURSE TITLE: Basic Paraprofessional Training

UNIT VI: Habilitation Process

ANSWERS TO EVALUATION ITEMS

True/False

Place a "T" in the space provided if the statement is true and place an "F" if the statement is false.

- F 1. One should expect 100% accuracy in meeting the behavioral objective.
- T 2. When setting the criterion, the habilitation team must decide at what level the resident is to perform the desired behavior.
- T 3. In forward chaining all steps of the chain are taught at one time.
- F 4. Forward chaining is more effective for teaching dressing and eating skills than backward chaining.
- T 5. If it is believed that backward chaining results in a better retention of skills.

Multiple Choices:

Select the best response and place the letter in the space provided.

- d 1. Which of the following statements is not a component part of a behavioral objective?
- a. Name of the person who is to perform the behavior
 - b. Statement of the behavior to be changed
 - c. Expected length of time for completing the objective
 - d. Detailed description of each step or behavior needed to accomplish an objective
- a 2. When is reinforcement given in backward chaining?
- a. After the last step is completed
 - b. Before the last step is completed
 - c. After the first step is completed
 - d. Before the first step is completed

Short Answers:

Define the following terms.

1. Define behavioral objective:

It is a statement specifying the behavior the resident is to learn. It describes behaviors that can be objectively observed and measured.

2. Define task analysis.

It is a detailed description of each step or behavior needed to accomplish an objective.

LESSON PLAN: 4COURSE TITLE: Basic Paraprofessional TrainingUNIT VI : Habilitation Process

SCOPE OF UNIT:

This unit is designed to introduce the student to the habilitation process. Information will be presented on understanding behavior, creating a learning environment, utilizing behavioral objectives and task analyses, collecting data, and implementing techniques that will increase and/or decrease behavior.

INFORMATION TOPIC: VI-4

COLLECTING DATA
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Recall two key concepts related to determining base line.
2. Recall three key concepts related to frequency recording.
3. Recall four key concepts related to determining duration recording.
4. Recall three key concepts related to qualitative recording.
5. Recall five key concepts related to diagnostic data recording.
6. Recall three methods of collection and differentiate between each method.
7. Differentiate between frequency, duration, qualitative, and diagnostic data recording.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Frequency Data Form
2. HO 2: Frequency Data Form Data Sheet
3. HO 3: Duration Data Form
4. HO 4: Qualitative Data Form
5. HO 5: Diagnostic Data Form
6. Facility Data Recording Forms to be supplied by instructor

INFORMATIONAL ASSIGNMENT: (Student)

None

REFERENCE: (Instructor's Additional Information)

INTRODUCTION:

Data provides us with information that is used in evaluating the progress or lack of progress of a training program. In order for the data to be of value, it must be collected in a systematic way. The first step in data collection is determining the base line. The base line provides information about how frequently the behavior is occurring at the present time and can, therefore, be used in evaluating the effectiveness of the program. In this lesson, you will be instructed on how to determine the base line and collect data.

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LESSON PLAN: 4

COURSE TITLE: Basic Paraprofessional Training

UNIT VI : Habilitation Process

INFORMATION TOPIC: VI-4

OUTLINE: (Key Points)

- I. Key concepts related to determining base line.
 - A. Base line describes the frequency of occurrence of the desired behavior.
 - B. The base line behavior must be determined in order to accurately evaluate the effectiveness of the training program.
 - C. Two methods for determining base line
 1. Tally the number of times the target behavior occurs during a specified time.
 - a. Trends in frequency can be observed with this method.
 - b. This method is used more frequently than others.
 2. Time sampling
 - a. Observe the resident at fixed intervals (every 5 minutes) and for a specified time (30 seconds).
 - b. Record whether or not the behavior occurred.
 - c. This can be recorded by a percentage.
 - d. This method is very useful when the target behavior occurs frequently.
- II. Key concepts related to frequency recording
 - A. Frequency recording measures the number of times a resident engages in a specific behavior within a set period of time.
 - B. It is used when it is necessary to know how many times a behavior occurs.
 - C. Steps in collecting frequency data
 1. Define the response that is to be measured.
 - a. It must be an observable behavior.
 - b. Two people must be able to agree on it.

2. Determine when and how often the person collecting the data will be able to observe and record the response. It is very important that the data be collected at the same time each day.
3. Devise a data sheet appropriate for the data collection measures.
4. Record the behavior consistently according to definition and procedure.

III. Key concepts related to duration recording

- A. Duration recording measures the total amount of time a resident engages in a specified behavior.
- B. Used to determine how long a response occurs.
- C. Duration recording is best measured with a stopwatch. A clock or wrist watch with a sweep hand can be used.
- D. The duration of time is measured in minutes and seconds and is recorded in percentage.

$$\frac{\text{time engaged in behavior}}{\text{total possible time}} \times 100 = \%$$

IV. Key concepts related to qualitative recording

- A. Qualitative recording measures the quality of a behavior as well as the number of times the resident engages in it.
 1. Provides the same information as frequency recording.
 2. The resident is graded on his/her performance.
 3. Those evaluating the response must agree on what each grade means.
- B. Useful for recoding performance in the following kinds of programs:
 1. Educational
 2. Language
 3. Social behavior
 4. Vocational
 5. Self-help skill
- C. It is most effective when all training steps in the program are clearly identified.

V. Key concepts related to diagnostic data recording

- A. Diagnostic data recording keeps an accurate record of the undesirable behavior as well as any behavior preceeding or following the undesirable behavior.
- B. Purpose: to identify the causes of undesirable behavior so they can be eliminated.
- C. Identifies:
 - 1. Stimulus or condition triggering the undesirable behavior
 - 2. Reinforcers of the undesirable behavior
- D. The following information is recorded in the appropriate space on the data collection form:
 - 1. The behavior
 - 2. The event which precedes it
 - 3. What happens immediately after it happens
- E. After data collection, the data is evaluated in order to determine a pattern to the behavior and identify a possible cause.

VI. Methods of collection

- A. Continuous recording
 - 1. Based on recording the behavior each and every time it occurs for a given time period
 - 2. Used when it is necessary to know the frequency or duration of a behavior
- B. Interval recording
 - 1. Based on counting the number of times a specified behavior occurs within a series of timed intervals
 - 2. The observation time is divided into continuous intervals. The number of times the specified behavior occurs is recorded in each interval.
 - 3. Used for both frequency and duration recording and when a running record of occurrence or nonoccurrence is needed
- C. Time sampling recording
 - 1. Based upon counting the number of times a specified behavior occurs at the end of a specified interval of time
 - 2. Observe the resident for a specified amount of time and record whether or not the behavior occurred at the end of the interval

3. Particularly useful when the specified behavior occurs frequently

VII. Summary and conclusion

- A. Key concepts related to determining base line
- B. Key concepts related to frequency recording
- C. Key concepts related to duration recording
- D. Key concepts related to qualitative recording
- E. Key concepts related to diagnostic data recording
- F. Methods of collection

We have discussed various methods of data collection in this lesson. Accurate data collection is important if we are to have a true evaluation of the effectiveness of the habilitation plan.

Frequency Data Form

_____ ' S Data Sheet: _____
 (Name of Month) (Name of Program)

OBJECTIVE: _____

IMPLEMENTORS: (name and initials) _____

PROGRAM TIMES: _____ PROGRAM MONITOR(S): _____

FREQUENCY DATA

Shift:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTALS
Independent																																
Partially Independent																																
Actively Assists																																
Passively Assists																																
Actively RESISTS !																																

* *

Shift:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTALS
Independent																																
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Shift:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTALS
Independent																																
Partially Independent																																
Actively Assists																																
Passively Assists																																
Acti- RESISTS !																																

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INSTRUCTIONS FREQUENCY DATA FORM

DURING SCHEDULED TIMES, WORK ON THIS OBJECTIVE WITH YOUR RESIDENT. WHEN YOU ARE THROUGH, PUT A (✓) IN THE BOX THAT APPLIES TO HOW YOUR RESIDENT PERFORMED THE TARGET BEHAVIOR THAT DAY. AT THE END OF THE MONTH, ADD UP ALL THE CHECKMARKS IN EACH COLUMN GOING ACROSS THE PAGE (Day 1--31). An example is '0' Independent, '5' Partial Independent; '20' Actively Assists; '5' Passively Assists and '0' Actively Resists.

DIRECTIONS

1. The data sheet is the place to enter how the resident performs the target behavior.
2. Each month, you will receive a new data sheet, one for each objective that is written up in the resident's health care plan. (SEE THE TREATMENT PLAN IN RESIDENT'S CHART.)
3. The name of the program you are working on with the resident will be listed on TOP of the data sheet. The objective, as it is written in the health care plan, will be listed after the word "OBJECTIVE."
4. Your name, as an implementor of the objective will be listed next. The name of the person responsible for your residents on your days off should be written afterwards.
5. The times you are scheduled to work on these programs is listed after the words "PROGRAM TIMES." Be sure that you keep as close as possible to the scheduled times.
6. The PROGRAM MONITOR is the person to whom you can go with a question concerning your resident's program and its progress. That person will monitor your data and make changes in objectives and procedures as indicated.
7. The SHIFT section of the form indicates that data needs to be taken on that shift, that many times. An example would be that toothbrushing is done by the day shift two times and by evening once.

**Definitions of the terms used:

- a. INDEPENDENT - A (✓) placed here means that the resident was able to do the behavior with an initial verbal prompt. An example is: You tell "Mary Smith to brush her teeth, and Mary brushes her teeth as requested.
- b. PARTIALLY INDEPENDENT - A (✓) placed here means that the resident was able to do the behavior alone part of the time, but s/he still needed some verbal prompt and/or physical prompting. An example is: You tell Mary Smith to brush her teeth. Mary starts the motion by herself, but stops and puts the brush down. You touch her elbow as a prompt, and she begins to brush her teeth until they are done; OR After she puts her brush down you say, "MARY, BRUSH!," and she finishes the task.

HO 1 (Cont.)

- c. **ACTIVELY ASSISTS** - A (✓) placed here means that the resident was able to do the behavior with a hand-over-hand technique. An example is:

You tell Mary Smith to brush her teeth. She does nothing. You place your hand over hers, and go through the motion. This is the way that Mary brushes her teeth for that time.
- d. **PASSIVELY ASSISTS** - A (✓) placed here means that the resident did not fight you in accomplishing the target behavior, but rather, allowed the behavior to be done by you. An example is: You tell Mary Smith to brush her teeth. Mary does not do anything. You end up brushing her teeth, but making it as pleasant as possible for her. She does not resist your brushing of her teeth.
- e. **ACTIVELY RESISTS** - A (✓) placed here means that the resident fought you as best as he could in performing the target behavior. An example is: You ask Mary Smith to brush her teeth and she does nothing. You start to brush her teeth and she clamps her mouth down, kicks, flutters her eyes frequently, or does any behavior that appears to indicate that she is resisting you.

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DATA SHEET

[illegible][illegible][illegible]

926

[illegible][illegible][illegible]

822

Score Key: Enter time response began followed by duration of response, e.g., 12:33 p.m.-12' 15"

[illegible]

Remarks:

Qualitative Data Collection Form

HO 4

Student Response Form

B

Teaching Codes

- R = Task Request
- V = Verbal Stress/
Physical Gesture
- D = Demonstration
- G = Physical Guidance

Date

Student

(Teaching) Objects

1

2

Trial

3

4

5

Subtotal

1

2

Trial

3

4

5

Subtotal

1

2

Trial

3

4

5

Subtotal

1

2

Trial

3

4

5

Subtotal

1

2

Trial

3

4

5

Subtotal

TOTAL

Score Key: Enter time response began followed by duration of response, e.g., 12:33 p.m.-12' 15"

[illegible]

825

LESSON PLAN: 4

COURSE TITLE: Basic Paraprofessional Training

UNIT VI : Habilitation Process

INTERACTION ITEMS: (Review Items)

1. Define and state the purpose of each of the following:
 - a. Base line data
 - b. Frequency recording
 - c. Duration recording
 - d. Qualitative recording
 - e. Diagnostic data
2. Describe two methods of collecting base line data.
3. State the steps for collecting frequency data.
4. How is duration recording best measured?
5. Define and describe the following methods of data collection:
 - a. Continuous recording
 - b. Interval recording
 - c. Time Sampling recording

LESSON PLAN: 4

COURSE TITLE: Basic Paraprofessional Training

UNIT VI : Habilitation Process

ANSWERS TO EVALUATION ITEMS

- e 1. This data describes the frequency of occurrence of the desired behavior before intervention strategies are begun.
- a. Frequency recording
 - b. Diagnostic data
 - c. Qualitative recording
 - d. Duration recording
 - e. Base line data
- b 2. The purpose of this data is to identify the causes of undesirable behaviors so they can be eliminated.
- a. Frequency recording
 - b. Diagnostic data
 - c. Qualitative recording
 - d. Duration recording
 - e. Base line data
- d 3. This method of data recording measures the total amount of time a resident engages in a specified behavior.
- a. Frequency recording
 - b. Diagnostic data
 - c. Qualitative recording
 - d. Duration recording
 - e. Base line data
- a 4. This method of data recording measures the number of times a resident engages in a specific behavior within a set period of time.
- a. Frequency recording
 - b. Diagnostic data
 - c. Qualitative data
 - d. Duration recording
 - e. Base line data
- c 5. This recording process measures the quality of a response as well as the number of responses.
- a. Frequency recording
 - b. Diagnostic data
 - c. Qualitative recording
 - d. Duration recording
 - e. Base line data

- a 6. This method is based on recording the behavior each and every time it occurs for a given time period.
- a. Continuous recording
 - b. Interval recording
 - c. Time sampling recording
- c 7. In this method, the number of times a specified behavior occurs within a given time interval is counted.
- a. Continuous recording
 - b. Interval recording
 - c. Time sampling recording
- b 8. The number of times a specified behavior occurs is counted within a series of time intervals.
- a. Continuous recording
 - b. Interval recording
 - c. Time sampling recording

II. True/False

Place a "T" in the space provided if the statement is true and place an "F" if the statement is false.

- T 1. Time sampling and recording the number of times a response occurs during a specified time are two methods used for collecting base line data.
- F 2. A stopwatch is often used in frequency recording.
- T 3. Qualitative recording is helpful in recording performance of self-help skills.
- F 4. Base line data is of little value in the planning of a behavior management program.

LESSON PLAN: 5

COURSE TITLE: Basic Paraprofessional Training

UNIT VI : Habilitation Process

SCOPE OF UNIT:

This unit is designed to introduce the student to the habilitation process. Information will be presented on understanding behavior, creating a learning environment, utilizing behavioral objectives and task analyses, collecting data, and implementing techniques that will increase and/or decrease behavior.

INFORMATION TOPIC: VI-5

CONSEQUENCES OF BEHAVIOR
(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Recall five key concepts related to behavior reinforcers.
2. List five principles of behavior reinforcement.
3. Differentiate between positive reinforcement, negative reinforcement, extinction, and punishment.
4. Differentiate between fixed ratio, variable ratio, fixed interval, and variable interval reinforcement schedules.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. "Principles of Behavior Management" by Dr. Richard Foxx (videotape available from Bellfontaine Habilitation Center)
2. Slide program by Watson (available from St. Louis Developmental Disability Treatment Center)

INFORMATIONAL ASSIGNMENT: (Student)

REFERENCES: (Instructor's Additional Information)

Walker, J. and Shea, T. Behavior Modification: A Practical Approach for Educators.
St. Louis: C. V. Mosby Co., 1980, pp. 21-33.

INTRODUCTION:

The consequences of behavior will increase, decrease, or maintain behavior. In this lesson, we will discuss key concepts related to behavior change in more depth as well as schedules for administering planned reinforcers and punishers in an effort to change behavior.

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LESSON PLAN: 5

COURSE TITLE: Basic Paraprofessional Training

UNIT VI : Habilitation Process

INFORMATION TOPIC: VI-5

OUTLINE:

- I. Key concepts related to behavior change
 - A. Consequences of behavior can do one of the following:
 1. Increase behavior
 2. Decrease behavior
 3. Maintain behavior
 - B. Reinforcers maintain and increase behavior and generally are either tangible or social.
 1. Tangible
 - a. Food
 - b. Tokens
 2. Social
 - a. Smile
 - b. Praise
 - c. Signs of approval
 - C. Reinforcers can be positive or negative.
 - D. Reinforcers or consequences actually determine the behavior.
 - E. Principles of reinforcement are rules and techniques that should be used when changing behavior.
- II. Principles of behavior reinforcement
 - A. Only the behavior to be increased (target behavior) must be reinforced.
 1. An undesirable behavior may be accidentally reinforced.

2. This would defeat the purpose of the training program.
- B. The target behavior must be reinforced immediately after it is exhibited.
 1. To wait confuses the resident as to what behavior is being reinforced.
 2. An undesirable behavior may be reinforced.
- C. Initially, the target behavior must be reinforced every time it occurs.
- D. The target behavior can be reinforced intermittently when it reaches a certain frequency level.
 1. The intermittent schedule is begun after the target behavior has become established.
 2. A consistent intermittent schedule of reinforcement is used.
- E. Tangible reinforcers must always be accompanied by a social reinforcer.
 1. The tangible and social reinforcer are presented at the same time.
 2. The tangible reinforcer can gradually be phased out because the resident associates the social reinforcers with the tangible one.

III. Key concepts related to consequences of behavior

- A. Positive reinforcement
 1. Tends to increase or sustain behavior
 2. Everyone receives some type of positive reinforcement daily.
 3. Using a positive reinforcer that is meaningful to the learner increases the chance of the behavior occurring again.
- B. Extinction
 1. The removal of a reinforcer that increases or sustains behavior
 2. Is used to decrease or eliminate a target behavior
 3. When the reinforcer is first removed, the target behavior may actually increase.
 4. Systematic ignoring is an example of extinction. The undesirable or target behavior is not reinforced by attention from others, but rather, is ignored.
 5. Patience and consistency are the keys to success.

C. Negative reinforcement

1. Removal of an already working unpleasant stimulus in an effort to increase a target behavior
2. The target behavior becomes stronger when the unpleasant or aversive stimulus is removed.
3. Example: the teacher has told the class they will not have homework if the assignment is completed during the time allowed in class.
 - a. Behavior to be increased: diligent work on studies during school
 - b. Unpleasant or aversive stimulus: homework

D. Punishment

1. Probably the least effective of all consequences
2. Tends to suppress the undesirable behavior rather than extinguish it
3. Two types
 - a. Addition of an aversive stimulus such as spanking
 - b. Removal of a pleasant item or activity such as watching TV
4. Punishment must generally be very severe to be only minimally effective.
5. Generally, when a punished behavior reoccurs, it does so at a higher level than before the punishment was used.
6. Attention given during punishment may be reinforcing.
7. Punishment tends to produce an emotional response that interferes with learning.
 - a. Fear
 - b. Anger
 - c. Anxiety

IV. Types of reinforcement schedules

A. Fixed ratio (FR)

1. Reinforcer is presented after the target behavior has occurred a specific number of times.

2. Results in a high response rate.
3. Generally always used at the beginning of a training program.

B. Variable ration (VR)

1. The reinforcer is presented at varying ratios vs. fixed ratios.
2. Purpose of this schedule is to maintain the desired response at a specific level.
3. In order to be successful, the desired behavior must be firmly established with the fixed ratio schedule before changing to a VR.

C. Fixed interval (FI)

1. The reinforcer is presented after a fixed interval of time has passed.
2. The desired response must occur during this time interval before the reinforcer is given.
3. The performance level is generally higher if the time interval is short.

D. Variable interval (VI)

1. The reinforcement is based on the behavior response mean.
2. The resident is not aware of when the reinforcer will be given, but that one will be given, when the desired behavior is performed.

IV. Summary and conclusion

- A. Key concepts related to behavior reinforcers
- B. Principles of behavior reinforcement
- C. Key concepts related to kinds of reinforcement
- D. Types of reinforcement schedules

In order for you to successfully implement a habilitation program, it is essential that you understand how behavior is reinforced. The information presented in this lesson will be used daily in your work with the residents.

LESSON PLAN: 5

COURSE TITLE: Basic Paraprofessional Training

UNIT VI : Habilitation Process

INFORMATION TOPIC: VI-5

INTERACTION ITEMS: (Review Items)

1. What is another term for consequences of behavior?
2. What effect do reinforcers have on behavior?
3. Can reinforcers be positive and negative?
4. Give examples of positive and negative reinforcers.
5. What are the principles of behavior reinforcement?
6. Define and describe the following:
 - a. Positive reinforcement
 - b. Extinction
 - c. Negative reinforcement
 - d. Punishment
7. Define and describe the following reinforcement schedules.
 - a. Fixed ratio
 - b. Variable ratio
 - c. Fixed interval
 - d. Variable interval

CLASSROOM, SHOP, LABORATORY, AND OTHER ACTIVITIES:

1. Show videotape, "Principles of Behavior Management."
2. Show slide tape program.

LESSON PLAN: 5

COURSE TITLE: Basic Paraprofessional Training

UNIT VI : Habilitation Process

ANSWERS TO EVALUATION ITEMS:

Multiple Choice:

Select the best response and place the letter in the space provided.

d 1. Consequences have which of the following effects on behavior?

- a. Increase behavior
- b. Decrease behavior
- c. Maintain behavior
- d. All of the above
- e. None of the above
- f. a and b only

e 2. Which of the following is an example of a tangible reinforcer?

- a. Smile
- b. Praise
- c. Sign of approval
- d. Pat on the back
- e. Token

3. True or False (circle one): Punishment is a positive reinforcer.

4. List two principles of behavior reinforcement.

Any two of the following:

- a. Only the behavior to be increased must be reinforced.
- b. The target behavior must be reinforced immediately after it is exhibited.
- c. Initially, the target behavior must be reinforced every time it occurs.
- d. The target behavior can be reinforced intermittently when it reaches a certain frequency level.
- e. Tangible reinforcers must always be accompanied by a social reinforcer.

Multiple Choice:

Select the best response and place the letter in the space provided.

- a 5. This type of reinforcer tends to increase or maintain behavior and, if meaningful to the resident, increases the chances of it occurring again.
- a. Positive reinforcement
 - b. Negative reinforcement
 - c. Extinction
 - d. Punishment
- c 6. This involves the removal of a reinforcer that increases or sustains behavior resulting in a decrease or elimination of the behavior.
- a. Positive reinforcement
 - b. Negative reinforcement
 - c. Extinction
 - d. Punishment
- b 7. This involves the removal of an unpleasant stimulus and results in an increase of the target behavior.
- a. Positive reinforcement
 - b. Negative reinforcement
 - c. Extinction
 - d. Punishment
- d 8. This is the addition of an unpleasant stimulus or the removal of a pleasant one in an effort to decrease behavior.
- a. Positive reinforcement
 - b. Negative reinforcement
 - c. Extinction
 - d. Punishment

9. Match the reinforcement schedule title with the appropriate description.

- | | | |
|-----------------|--|----------------------|
| <u> 1 </u> a. | Reinforcer is presented after the target behavior has occurred a specific number of times. | 1. Fixed ratio |
| <u> 3 </u> b. | Reinforcer is presented after a specified length of time has passed. | 2. Variable ratio |
| <u> 2 </u> c. | Reinforcer is presented after the target behavior has occurred a varying number of times. | 3. Fixed interval |
| <u> 4 </u> d. | Reinforcer is given at various time intervals. | 4. Variable interval |

LESSON PLAN: 6COURSE TITLE: Basic Paraprofessional TrainingUNIT VI: Habilitation Process

SCOPE OF UNIT:

This unit is designed to introduce the student to the habilitation process. Information will be presented on understanding behavior, creating a learning environment, utilizing behavioral objectives and task analyses, collecting data, and implementing techniques that will increase and/or decrease behavior.

INFORMATION TOPIC: VI-6

TECHNIQUES FOR CHANGING BEHAVIOR

(Lesson Title)

LESSON OBJECTIVE - THE STUDENT SHOULD BE ABLE TO:

1. Define and state purpose of each of the following:

a. shaping	e. graduated guidance
b. prompting	f. extinction
c. fading	g. time-out
d. modeling	
2. List tips for the effective use of the following:

a. shaping	e. graduated guidance
b. prompting	f. extinction
c. fading	g. time-out
d. modeling	
3. Distinguish between shaping, prompting, fading, graduated guidance, extinction, and time-out.
4. Recall key concepts related to each of the following:

a. shaping	e. graduated guidance
b. prompting	f. extinction
c. fading	g. time-out
d. modeling	

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

None

945

838

INFORMATIONAL ASSIGNMENT: (Student)

None

REFERENCE: (Instructor's Additional Information)

Hall, R.V. Managing Behavior: Behavior Modification: Applications in School and Home. Lawrence, KS: H & H Enterprises, 1971.

Morris, R.J. Behavior Modification with Children. Cambridge, MA: Winthrop Publishers, Inc., 1976.

Sulzer - Azaroff, B. & Mayer, R. Applying Behavior - Analysis Procedures With Children and Youth. New York: Holt, Rinehart & Winston, 1977.

Panyan, M. How to Use Shaping. Lawrence, KS: H & H Enterprises, Inc., 1980.

Walker, J.E. & Shea, T.M. Behavior Modification: A Practical Approach for Educators. St. Louis: C.V. Mosby Co., 1980.

INTRODUCTION:

Now that you have an understanding of behavior and some of its motivating factors, the target behavior has been identified, behavioral objectives and task analyses developed, reinforcement schedules in mind, and data collection procedures at hand, it is time to study specific techniques for changing behavior. These techniques are effective in developing desirable behaviors and eliminating undesirable ones. Each behavior will be discussed in detail.

LESSON PLAN: 6

COURSE TITLE: Basic Paraprofessional Training

UNIT VI: Habilitation Process

INFORMATION TOPIC: VI-6

OUTLINE: (Key Points)

- I. Key concepts related to shaping
 - A. Definition
 1. Process of breaking a task down into small steps
 2. Steps are a series of related but different behaviors.
 3. Appropriate consequences are selected for each step.
 - B. Purpose
 1. Teach a new skill or behavior
 2. Strengthen a skill or behavior already present
 - C. Ways behavior can be shaped
 1. Lengthen the behavior
 2. Shorten the time it takes to begin a behavior after the cue has been given
 3. Increase the frequency of the behavior
 4. Change a behavioral response
 5. Strengthen the intensity of the response
 - D. Tips for using shaping effectively
 1. Define the initial and goal behavior.
 - a. Be specific.
 - b. Clearly state the conditions under which the behavior is to occur.
 2. Identify a behavior currently performed by the resident that is similar to the behavior to be learned.

3. Reinforce improvements in the identified current behavior.
4. Withhold reinforcer if the behavior performed is not clearly a step toward the desired behavior.
5. Gradually and consistently reinforce closer approximations of the target behavior until the desired behavior is developed.
6. Reinforce the desired behavior every time it occurs until it occurs consistently.

E. Methods for encouraging the initial response

1. Model the desired behavior.
2. Give physical help.
3. Use material prompts.

II. Key concepts related to prompting

A. Definition

1. Process of teaching a desired behavior by assisting the resident to perform the target behavior
2. Special assistance is given either verbally or manually or by the use of specially selected materials.

B. Purpose

1. Elicit the desired behavior
2. Increase the probability of success

C. Tips for using prompts effectively

1. Carefully select accurate prompts.
2. Study the various parts of the prompt.
3. Practice using the prompts before using them with the resident.
4. Check to see that the resident has the skills necessary to respond to the prompts.

D. Selecting appropriate prompts

1. List prompts in a hierarchy beginning with the most natural and ending with the most artificial.
2. Follow the selection of prompts in this hierarchal sequence until the one which will elicit the response is found.

III. Key concepts related to fading

A. Definition

1. Gradual removal of prompts
2. The amount and quality of verbal assistance, manual guidance and materials used are reduced and eventually eliminated

B. Purpose

1. To acquire a target behavior that occurs as the result of natural stimuli rather than prompts
2. To decrease dependency on supplementary prompts
3. Increase feelings of success and competence

C. Tips for using fading effectively

1. Remove prompts gradually while continuing to reinforce the goal behaviors or approximations of the goal behavior.
2. Simultaneously, move toward natural prompts.
3. Prompt just barely enough to elicit the desired response.
4. Begin fading physical prompts as soon as possible to prevent overdependence.

IV. Key concepts related to modeling

A. Definition

1. Process of learning through observation and imitation
2. One type of prompting
3. One of the most common forms of learning

B. Purpose is to:

1. Prompt the desired behavior by showing
2. Increase behavior
3. Teach more complex behaviors

C. Tips for using modeling effectively

1. Select an appropriate model who has similar characteristics as the resident:
 - a. Age
 - b. Sex
 - c. Interests
2. Combine modeling with verbal instructions.
3. Ensure that the behavior to be modeled is not too complex to be imitated.
4. Reinforce the model's behavior as well as the resident's imitation.
5. Be sure the resident is developmentally ready to imitate the desired behavior.
6. Decide in advance what reinforcers will be given and when.

V. Key concepts related to graduated guidance

A. Definition

1. A type of physical prompt used when modeling and verbal instructions are not effective
2. The teacher physically assists the resident as much as necessary in performing the specified behavior.

B. Purpose

1. Assists the seriously developmentally delayed person who has difficulty following verbal instructions
2. Used when a response is not fully accurate but well practiced and occasionally reinforced

C. Tips for using graduated guidance effectively

1. Focus the guidance on the body part that is the center of action.
2. Apply pressure only as necessary to complete the motion.
3. Reduce the pressure gradually over time as the resident gains more control.
4. Fade graduated guidance as soon as possible.

5. Avoid using graduated guidance with overly tense and resistive residents.
6. Give verbal instructions when using graduated guidance.
7. Structure the environment so that it is relaxed and comfortable.

VI. Key concepts related to extinction

- A. Extinction is defined as the removal of reinforcers which reward an undesirable behavior.
- B. Purpose
 1. To gradually decrease undesirable behavior by withholding all reinforcers
 2. To be successful, reinforcers must be identified and modified
- C. Points to remember
 1. The target behavior will not stop immediately.
 2. An established behavior is most resistant.
 3. A behavior reinforced intermittently is more resistant.
 4. An individual deprived of reinforcers is more resistant.
 5. An easily given response is more resistant.
 6. Extinction is more effective when reinforcement of desirable behavior is given.
 7. The rate and intensity of the target behavior will temporarily increase immediately after reinforcement has been stopped.
 8. Aggressive behavior may occur briefly immediately after reinforcement has stopped.
 9. The target behavior may be displayed after it appears to have been extinguished.
- D. Tips for using extinction effectively
 1. Be patient and consistent!
 2. Identify the reinforcers of the target behavior.
 3. State the conditions under which extinction and reinforcement will occur.

4. Look for small but steady progress.
5. Reinforce desirable behaviors.
6. Anticipate a temporary increase in the occurrence of the target behavior.

VII. Key concepts related to time-out

- A. Time-out is the removal of the individual from the reward situation.
 1. Time-out lasts until the behavior stops, or,
 2. For 3 to 5 minutes
 3. Never more than 10 minutes
- B. Purpose is to decrease undesirable behaviors
- C. Tips for effectively using time-out.
 1. Carry-out the procedure in a very matter-of-fact manner.
 2. Briefly explain why the resident is going to time-out. Do not lecture or scold.
 3. Reinforce acceptable behavior upon return to reward situation and assist the resident in distinguishing between satisfying and unsatisfying consequences.
 4. Be sure the resident clearly understands the reasons for time-out prior to its use.
 5. Use time-out consistently over a pre-determined amount of time.
 6. Do not use time-out for residents who are socially withdrawn and passive. It is most effective with residents who are aggressive and acting out.
 7. Observe and record:
 - a. Time entering and leaving time-out
 - b. Behavior before, during, and after time-out

VIII. Summary and conclusion

- A. Key concepts related to shaping
- B. Key concepts related to prompting
- C. Key concepts related to fading 845

- D. Key concepts related to modeling
- E. Key concepts related to graduated guidance
- F. Key concepts related to extinction
- G. Key concepts related to time-out

In this lesson, we have discussed specific techniques for increasing and decreasing behavior. A knowledge of these techniques is very important if one is going to successfully implement a behavior change program.

LESSON PLAN: 6

COURSE TITLE: Basic Paraprofessional Training

UNIT VI: Habilitation Process

INTERACTION ITEMS: (Review Items)

1. Define and state the purpose of each of the following:
 - a. shaping
 - b. prompting
 - c. fading
 - d. modeling
 - e. graduated guidance
 - f. extinction
 - g. time-out
2. State the tips for the effective use of the following:
 - a. shaping
 - b. prompting
 - c. fading
 - d. modeling
 - e. graduated guidance
 - f. extinction
 - g. time-out
3. In what ways can behavior be shaped?
4. What are some ways of encouraging the initial response when using shaping?
5. How do you select the appropriate prompt?
6. What are some points to remember when using extinction?

CLASSROOM, LABORATORY, SHOP OR OTHER ACTIVITIES:

1. The classroom instructor should demonstrate each of the following behavior change techniques and supervise the students in their practice of each:
 - a. shaping
 - b. prompting
 - c. fading
 - d. modeling
 - e. graduated guidance
 - f. extinction
 - g. time-out
2. Arrange for the students to observe each of the above listed techniques in operation in the resident care areas.
3. Under direct supervision of a qualified instructor, have the students implement a behavior change technique with a resident.

LESSON PLAN: 6

COURSE TITLE: Basic Paraprofessional Training

UNIT VI: Habilitation Process

ANSWERS TO EVALUATION ITEMS

I. Define and state the purpose of each of the following:

A. Shaping

The process of breaking down a task into a series of small steps for the purpose of teaching a new skill or behavior or strengthening a skill or behavior already present.

B. Prompting

The process of teaching a desired behavior by assisting the resident through the use of verbal, manual or material prompts. The purpose is to elicit the desired response through prompting and increasing the probability of success.

C. Fading

The gradual removal of prompts. The purpose is to acquire a desired behavior that occurs as a result of natural stimuli rather than prompts. This decreases the dependency on prompts and increases one's feeling of competence.

D. Modeling

A type of prompting that involves learning through observation and imitation. The purpose is to prompt the behavior by showing. It is a method used for teaching more complex skills.

E. Graduated guidance

A type of physical prompt in which the teacher physically assists the resident in performing the desired behavior. The purpose is to teach a desirable behavior to someone who is seriously developmentally delayed or has not accurately learned a behavior but it has been well practiced and occasionally reinforced.

F. Extinction

The removal of all reinforcers which reward an undesirable behavior for the purpose of decreasing and eliminating an undesirable behavior.

G. Time-out

The removal of an individual from the reward situation for the purpose of decreasing or eliminating an undesirable behavior.

2. List two tips for the effective use of each of the following:

A. Shaping

1. Define the initial and goal behavior.
 - a. Be specific.
 - b. Clearly state the conditions under which the behavior is to occur.
2. Identify a behavior currently performed by the resident that is similar to the behavior to be learned.
3. Reinforce improvements in the identified current behavior.
4. Withhold reinforcer if the behavior performed is not clearly a step toward the desired behavior.
5. Gradually and consistently reinforce closer approximations of the target behavior until the desired behavior is developed.
6. Reinforce the desired behavior every time it occurs until it occurs consistently.

B. Prompting

1. Carefully select accurate prompts.
2. Study the various parts of the prompt.
3. Practice using the prompts before using them with the client.
4. Check to see that the resident has the skills necessary to respond to the prompts.

C. Fading

1. Remove prompts gradually while continuing to reinforce the goal behaviors or approximations of the goal behavior.
2. Simultaneously, move toward natural prompts.
3. Prompt just barely enough to elicit the desired response.
4. Begin fading physical prompts as soon as possible to prevent overdependence.

D. Modeling

1. Select an appropriate model who has similar characteristics as the resident:
 - a. Age
 - b. Sex
 - c. Interests
2. Combine modeling with verbal instructions.
3. Ensure that the behavior to be modeled is not too complex to be imitated.
4. Reinforce the model's behavior as well as the resident's imitation.
5. Be sure the resident is developmentally ready to imitate the desired behavior.
6. Decide in advance what reinforcers will be given and when.

E. Graduated guidance

1. Focus the guidance on the body part that is the center of action.
2. Apply pressure only as necessary to complete the motion.
3. Reduce the pressure gradually over time as the resident gains more control.
4. Fade graduated guidance as soon as possible.
5. Avoid using graduated guidance with overly tense and resistive residents.
6. Give verbal instructions when using graduated guidance.
7. Structure the environment so that it is relaxed and comfortable.

F. Extinction

1. Be patient and consistent!
2. Identify the reinforcers of the target behavior.
3. State the conditions under which extinction and reinforcement will occur.

4. Look for small but steady progress.
5. Reinforce desirable behaviors.
6. Anticipate a temporary increase in the occurrence of the target behavior.

G. Time-out

1. Carry-out the procedure in a very matter-of-fact manner.
2. Briefly explain why the resident is going to time-out. Do not lecture or scold.
3. Reinforce acceptable behavior upon return to reward situation and assist the resident in distinguishing between satisfying and unsatisfying consequences.
4. Be sure the resident clearly understands the reasons for time-out prior to its use.
5. Use time-out consistently over a pre-determined amount of time.
6. Do not use time-out for residents who are socially withdrawn and passive. It is most effective with residents who are aggressive and acting out.
7. Observe and record:
 - a. Time entering and leaving time-out
 - b. Behavior before, during, and after time-out

II. True/False

Place a "T" in the space provided if the statement is true and an "F" if the statement is false.

- T 1. Gradually and consistently reinforcing closer approximations of the desired behavior is done when using shaping.
- F 2. In shaping, the reinforcer should be given even though the behavior performed is not a close approximation of the desired behavior.
- F 3. Prompts are randomly selected depending on the teacher's preference.
- F 4. The purpose of a prompt is to extinguish an undesirable behavior.
- T 5. In fading, prompts are gradually removed but reinforcement continues.
- T 6. Modeling is often combined with verbal instructions.
- F 7. Any behavior can be successfully modeled and imitated.

- F 8. Graduated guidance is very successful with residents who are tense and resistive.
- T 9. When using extinction, one should expect a temporary increase in the occurrence of the target behavior.
- T 10. The resident should never remain in time-out for more than ten minutes.

PRETEST AND POSTTEST KEY

True/False

In the space provided, place a "T" if the statement is true or an "F" if the statement is false.

- T 1. The facility has the right to open the resident's mail if the IHP team documents the necessity.
- F 2. The resident and/or guardian can bring medications for the resident from home.
- T 3. The resident has the right to be evaluated and cared for in the least restrictive environment.
- T 4. The resident has the right to have nourishing meals and safe, clean housing.
- T 5. The facility where the resident resides is obligated to provide humane care and treatment.
- T 6. It is especially important to use the nonverbal technique of touching when communicating with a blind resident.
- F 7. The Employee's Handbook states that anyone can visit without permission.
- F 8. The Employee's Handbook states that solicitors are welcome and should be given free access to all units.
- F 9. The DA has the right and responsibility for informing friends and relatives of the resident's condition.
- F 10. The birth of a developmentally disabled child is no more stressful than having a normal child.
- T 11. Society promotes the idea of rejecting children with developmental disabilities.
- T 12. When families have developmentally disabled children, they may cope by playing psychological games.
- T 13. Linen must be checked for dentures, jewelry, glasses, etc., before placing in the proper receptacle.
- F 14. Thermometers may be rinsed under running hot water.
- F 15. It is permissible to use one comb on several residents.
- T 16. Before applying braces, check for rough edges which may cause injury.

- T 17. A walker should be fitted to the resident.
- T 18. Backrubs stimulate circulation.
- T 19. Oral hygiene should be done at least once daily.
- T 20. Residents should be encouraged to do their own hygiene.
- T 21. Regular mouth care prevents bad odors and sores in the mouth.
- F 22. Shampooing is done at least once a week.
- T 23. A diabetic's nails should be cut by a Registered Nurse or podiatrist.
- T 24. The calories must be specially calculated on a diabetic diet.
- T 25. Water is vital to all body functions.
- T 26. Food for residents on regular diets should be seasoned as the resident wishes.
- T 27. Any unusual eating behaviors should be noted and reported.
- F 28. A paralyzed resident should be fed into the paralyzed side of the mouth.
- T 29. Identify where everything is on the tray of a blind resident.
- T 30. The resident's habilitation plan will provide direction in assisting the resident to feed himself/herself.
- T 31. Exercise helps the resident with his/her elimination.
- T 32. Eating fruits and vegetables will aid in elimination.
- T 33. Growth is an increase in the size of an individual which is measured by height and weight.
- T 34. Development includes the acquisition of social, emotional, and psychological skills.
- T 35. Coughing and sneezing are examples of neuromuscular reflexes that protect an infant.
- F 36. Physical and behavioral characteristics of children within an age group are generally not very similar.
- T 37. The development of a new skill may delay the onset of other skills.
- F 38. There is no relationship between intelligence and an individual's ability to meet and adapt to novel situations quickly and effectively.
- F 39. One's environment does not influence how one scores on intelligence tests.

- T 40. Most IQ tests measure what a person has learned, not the capacity to learn.
- T 41. An individual's day, health, and testing environment may influence the IQ Test scores.
- F 42. Language is most easily learned when read.
- T 43. Language is acquired.
- T 44. Language development occurs in systematic, organized stages.
- F 45. Infants are consciously aware of gender.
- T 46. Sexual roles and personality patterns are established through identification with one's own sex.
- F 47. Developmental disability is defined as a mild, short-term disability.
- F 48. A person suffering from a developmental disability responds best to services which utilize group dynamics.
- T 49. Developmental disabilities can be attributed to a physical or mental impairment.
- F 50. A developmental disability generally does not become evident before the age of 21 years.
- T 51. An individual suffering from a developmental disability may show functional limitation in self-care, learning, and in the capacity for independent living.
- F 52. All people with developmental disabilities are alike.
- F 53. People with learning disabilities cannot learn and therefore are better off in an institution.
- F 54. An adult to child relationship with people who are developmentally disabled is ideal because it creates a loving atmosphere.
- T 55. People who are developmentally disabled do not always like the way they are.
- T 56. Adaptive behavior scales are used to determine the level of functioning based on what the individual can and cannot do.
- T 57. Impaired adaptive behavior may be reflected in social adjustments.
- F 58. Cerebral palsy always occurs before birth.
- T 59. A child who suffered severe trauma at the time of birth has a greater chance of having cerebral palsy.
- T 60. Cerebral palsy may result from a high fever.

- F 61. The degree of severity of autism among individuals is generally consistent.
- F 62. Individuals with autism generally have hearing problems.
- T 63. The age of onset of autism is before 30 months of age.
- F 64. Children with learning disabilities are emotionally disturbed.
- T 65. Children with learning disabilities have a brain dysfunction which makes it difficult for them to learn basic academic tasks.
- F 66. Children with learning disabilities learn better in a normal classroom setting.
- F 67. A child will outgrow a learning disability.
- F 68. It is a well known fact that most people with seizure disorders are not able to lead nearly normal lives.
- T 69. Gum enlargement is a common side effect of anticonvulsant medications.
- T 70. The etiology or cause of seizure disorders is unknown.
- T 71. The prognosis of the individual who has epilepsy depends on whether the individual has other handicapping conditions and the severity of those conditions.
- F 72. Once a person has decided to commit suicide, there is nothing you can do to stop them.
- T 73. The resident who is schizophrenic may have problems developing trust in others.
- F 74. Visually impaired residents should have their hands limited if they continually shake their fingers in front of their faces.
- F 75. A visually impaired resident requires little stimulation.
- T 76. The developmental trainee can encourage the visually impaired resident's sense of smell by placing the object under the resident's nose before allowing him/her to touch it.
- T 77. Communication and language disorders can occur in people with normal intellectual development as well as among people who are developmentally disabled.
- F 78. Proper breathing techniques will correct voice disorders which have an organic cause.
- F 79. All communication disorders have a biological cause.
- F 80. Ear infections result in sensorineural hearing impairments.

- F 81. One should expect 100% accuracy in meeting the behavioral objective.
- T 82. When setting the criterion, the habilitation team must decide at what level the resident is to perform the desired behavior.
- T 83. In forward chaining all steps of the chain are taught at one time.
- F 84. Forward chaining is more effective for teaching dressing and eating skills than backward chaining.
- T 85. It is believed that backward chaining results in a better retention of skills.
- T 86. A task analysis is a detailed description of each step or behavior needed to accomplish an objective.
- T 87. A behavioral objective is a statement specifying the behavior the resident is to learn. It describes behaviors that can be objectively observed and measured.
- T 88. Time sampling and recording the number of times a response occurs during a specified time are two methods used for collecting base line data.
- F 89. A stopwatch is often used in frequency recording.
- T 90. Qualitative recording is helpful in recording performance of self-help skills.
- F 91. Base line data is of little value in the planning of a behavior management program.
- T 92. Gradually and consistently reinforcing closer approximations of the desired behavior is done when using shaping.
- F 93. In shaping, the reinforcer should be given even though the behavior performed is not a close approximation of the desired behavior.
- F 94. Prompts are randomly selected depending on the teachers preference.
- F 95. The purpose of a prompt is to extinguish an undesirable behavior.
- T 96. In fading, prompts are gradually removed but reinforcement continues.
- T 97. Modeling is often combined with verbal instructions.
- F 98. Any behavior can be successfully modeled and imitated.

F 99. Graduated guidance is very successful with residents who are tense and resistive.

T 100. When using extinction, one should expect a temporary increase in the occurrence of the target behavior.

Matching

I. Match the technique for changing behavior with the appropriate description. Place the letter of the response in the space provided.

- G 1. The process of breaking down a task into a series of small steps for the purpose of teaching a new skill or behavior or strengthening a skill or behavior already present.
- E 2. The process of teaching a desired behavior by assisting the resident through the use of verbal, manual or material prompts. The purpose is to elicit the desired response through prompting and increasing the probability of success.
- B 3. The gradual removal of prompts. The purpose is to acquire a desired behavior that occurs as a result of natural stimuli rather than prompts. This decreases the dependency on prompts and increases one's feeling of competency.
- F 4. A type of prompting that involves learning through observation and imitation. The purpose is to prompt the behavior by showing. It is a method used for teaching more complex skills.
- C 5. The removal of all reinforcers rewards an undesirable behavior for the purpose of decreasing and eliminating an undesirable behavior.
- A 6. A type of physical prompt in which the teacher physically assists the resident in performing the desired behavior. The purpose is to teach a desirable behavior to someone who is seriously developmentally delayed or has not accurately learned a behavior but it has been well practiced and occasionally reinforced.
- D 7. The removal of an individual from the reward situation for the purpose decreasing or eliminating an undesirable behavior.

A. Graduated guidance
B. Fading

C. Extinction
D. Time-out

E. Prompting
F. Modeling
G. Shaping

II. Match the reinforcement schedule title with the appropriate description. Place the letter of the response in the space provided.

- | | | |
|----------|---|----------------------|
| <u>A</u> | 1. Reinforcer is presented after the target behavior has occurred a specific number of times. | A. Fixed ratio |
| <u>C</u> | 2. Reinforcer is presented after a specified length of time has passed. | B. Variable ratio |
| <u>B</u> | 3. Reinforcer is presented after the target behavior has occurred a various number of times. | C. Fixed interval |
| <u>D</u> | 4. Reinforcer is given at various time intervals. | D. Variable interval |

III. Match the habilitation needs, listed with the activity that most clearly relates to the need. Place the letter of the response in the space provided.

- | | | |
|----------|-------------------------|----------------------|
| <u>E</u> | 1. Independent function | A. Motor development |
| <u>A</u> | 2. Physical development | B. Kitchen duties |
| <u>F</u> | 3. Economic activity | C. Socialization |
| <u>D</u> | 4. Language development | D. Comprehension |
| <u>B</u> | 5. Domestic activity | E. Travel |
| <u>C</u> | 6. Vocational activity | F. Budgeting |

IV. Match one body function to each system. Place the letter of the response in the space provided.

- | | |
|----------|--|
| <u>I</u> | 1. Vision, hearing, and balance |
| <u>F</u> | 2. Gives body movement and support |
| <u>G</u> | 3. Controls and coordinates body activities |
| <u>B</u> | 4. Prepares food for use and excretes wastes |
| <u>I</u> | 5. Provides oxygen for cells |
| <u>A</u> | 6. Carries nutrients and oxygen to cells |
| <u>K</u> | 7. Produces urine |
| <u>D</u> | 8. Manufactures vitamin D |
| <u>C</u> | 9. Regulates metabolism |
| <u>H</u> | 10. Creates a new human being |

___ 11. Filters body impurities and helps fight infection

- | | |
|--------------------|-----------------|
| A. Cardiovascular | G. Nervous |
| B. Digestive | H. Reproductive |
| C. Endocrine | I. Respiratory |
| D. Integumentary | J. Sensory |
| E. Lymphatic | K. Urinary |
| F. Musculoskeletal | |

V. Match the terminology with the correct medical/legal problem. Place the letter of the response in the space provided.

- D 1. Holding a person against his/her will
- E 2. Unnecessary exposure of a resident while preparing to assist with a shower.
- A 3. Telling the resident he/she will be punished if he/she doesn't do as told.
- C 4. Permission from the resident's guardian for the resident to receive a certain treatment
- B 5. Slapping the resident when he/she doesn't do as told
- F 6. Discussing the resident's condition with other members of the habilitation team

- | | |
|------------|-----------------------------|
| A. Assault | D. False imprisonment |
| B. Battery | E. Invasion of privacy |
| C. Consent | F. Privileged communication |

VI. Match the role of the interdisciplinary team members with the appropriate job title. Place the letter of the response in the space provided.

- E 1. Includes special education teachers, physical therapists, and speech and language clinicians
- F 2. Participates to ensure the protection of the resident's best interests
- C 3. Monitors the health and medical needs of the resident
- B 4. Implements program plans and provides daily care of residents
- G 5. Serves as the main contact person between the resident and community
- H 6. Administers behavioral/psychological tests
- D 7. Supervises and coordinates all services received by the resident
- A 8. Most important member of the interdisciplinary team

- | | | |
|--------------------|----------------------------|------------------|
| A. Resident | D. Unit program supervisor | G. Social worker |
| B. DA | E. Specialists | H. Psychologist |
| C. Doctors, nurses | F. Parent/guardian | |

- VII. Match the stage of coping with the appropriate description of that stage. Answers may be used more than once. Place the letter of the response in the space provided.

- D 1. Parents believe they are being punished for past misdeeds.
 A 2. Parents describe a feeling of numbness during this stage.
 A 3. A feeling of disbelief accompanies this stage.
 G 4. The family begins to cope.
 E 5. The stage is characterized by a great feeling of sadness.
 B 6. The parents' actions and/or words say, "I cannot believe this."
 F 7. The family tries to make a "deal" with God.
 G 8. The parents are ready to begin acting on the recommendations made by professionals.
 B 9. The parents reject the knowledge that the child has a developmental disability.
 F 10. The parents acknowledge the developmental disability but are unable to accept it.

- | | | |
|-----------|---------------|---------------|
| A. Shock | D. Guilt | G. Acceptance |
| B. Denial | E. Depression | |
| C. Anger | F. Bargaining | |

Multiple Choice

Select the item which completes the statement correctly. Place the letter of that item in the space provided.

- a 1. The IHP is a:
- a. regulations manual used by the facility
 - b. health care plan for the resident
 - c. guide which defines the role of the IHP team members
 - d. comprehensive program plan for the resident
- e 2. The IHP is developed by:
- a. Social worker
 - b. Registered nurse
 - c. Teacher
 - d. Unit program supervisor
 - e. Interdisciplinary team

- a 3. The IHP process begins:
- a. on admission
 - b. on the second day of admission
 - c. before admission
 - d. as soon as a meeting can be held
- b 4. Team meetings for developing the IHP are called:
- a. Quality circles
 - b. Staffings
 - c. IHP review meetings
 - d. Administrative meetings
- a 5. Erickson's theory of personality development covers social and emotional development from:
- a. Infancy to adulthood
 - b. Infancy to adolescence
 - c. Childhood to adolescence
 - d. Childhood to adulthood
- a 6. Receptive language refers to
- a. listening/talking
 - b. speaking/listening
 - c. speaking/watching
- 4 7. The child born with hydrocephalus has a relatively good prognosis if:
- a. the condition is detected and treated early
 - b. surgery is successful
 - c. follow-up care is good
 - d. no other defects are present
- | | |
|----------|---------------------|
| 1. a,c,d | 3. b & d |
| 2. b,c,d | 4. all of the above |
- c 8. The most common type of cerebral palsy is:
- a. Athetoid
 - b. Ataxic
 - c. Spastic
 - d. Mixed
- 3 9. The prognosis for an individual who is mentally retarded is dependent upon:
- a. availability of treatment
 - b. severity of the condition
 - c. onset of treatment
 - d. availability of a supportive environment

- | | |
|-------------|----------------------|
| 1. a,c, & d | 3. all of the above |
| 2. a,b, & c | 4. none of the above |

b 10. The concept of community-based treatment best describes:

- a. Socialization
- b. Normalization
- c. Reintegration
- d. None of the above

c 11. Which of the following is not a basic premise of the developmental model?

- a. Life is a process of change.
- b. The rate and direction of growth can be influenced by environmental and supportive factors.
- c. An institutional setting is required.
- d. Human growth is orderly and predictable.

d 12. Which of the following best describes the developmental model?

- a. Encourages interaction by the resident with the treatment provided
- b. Allows the resident to participate in the treatment
- c. Provides the residents with the opportunity to exercise control over their lives
- d. All of the above
- e. None of the above

a 13. A resident who has a diagnosis of schizophrenia is generally:

- a. Very shy and sensitive
- b. Social and outgoing
- c. Interested in group activities
- d. Willing to get involved

b 14. A therapeutic environment for a resident who is psychotic would be:

- a. Busy and active
- b. Simple and predictable
- c. Without limits
- d. Changing schedules daily

a 15. Social sexual awareness develops:

- a. Sequentially
- b. Randomly
- c. During a two year period
- d. One year after birth

a 16. Who determines the sex of a child?

- a. male
- b. female

- d 17. Conscious learning of sex roles begins at about:
- a. Two years of age
 - b. Twelve months of age
 - c. Four years of age
 - d. Eighteen months of age
- d 18. Sex differences are usually first emphasized at:
- a. School
 - b. Home
 - c. With friends
 - d. At birth
- a 19. Which of the following is not characteristic of the adolescent period?
- a. Emotional calm and serenity
 - b. Emotional turbulence
 - c. Feelings of hopelessness and futility
 - d. Questioning of, "Who am I?"
- b 20. Stimulus, response, and reinforcer are elements of the:
- a. ideal learning environment
 - b. learning process
 - c. objective
 - d. task analysis
- a 21. Any object, person or event in the environment that sets the occasion for the response is a:
- a. stimulus
 - b. response
 - c. reinforcer
 - d. none of the above
- b 22. The behavior that the learner performs in the presence of the stimulus is the:
- a. stimulus
 - b. response
 - c. reinforcer
 - d. none of the above
- c 23. What happens to the learner after the behavior occurs is called:
- a. stimulus
 - b. response
 - c. reinforcer
 - d. none of the above

- 4 24. The primary role of the developmental trainee in the habilitation process is:
- a. select and prioritize the target behaviors
 - b. determine the method of data collection
 - c. collect and record data
 - d. implement the IHP
 - e. evaluate the effectiveness of the IHP
- | | |
|-------------|----------|
| 1. a,b, & c | 3. a & c |
| 2. b,d, & e | 4. c & d |
- e 25. This data describes the frequency of occurrence of the desired behavior before intervention strategies are begun.
- a. Frequency recording
 - b. Diagnostic data
 - c. Qualitative recording
 - d. Duration recording
 - e. Base line data
- b 26. The purpose of this data is to identify the causes of undesirable behaviors so they can be eliminated.
- a. Frequency recording
 - b. Diagnostic data
 - c. Qualitative recording
 - d. Duration recording
 - e. Base line data
- d 27. This method of data recording measures the total amount of time a resident engages in a specified behavior.
- a. Frequency recording
 - b. Diagnostic data
 - c. Qualitative recording
 - d. Duration recording
 - e. Base line data
- a 28. This method of data recording measures the number of times a resident engages in a specific behavior within a set period of time.
- a. Frequency recording
 - b. Diagnostic data
 - c. Qualitative data
 - d. Duration recording
 - e. Base line data

- c 29. This recording process measures the quality of a response as well as the number of responses.
- a. Frequency recording
 - b. Diagnostic data
 - c. Qualitative data
 - d. Duration recording
 - e. Baseline data
- a 30. This method is based on recording the behavior each and every time it occurs for a given time period.
- a. Continuous recording
 - b. Interval recording
 - c. Time sampling recording
- c 31. In this method, the number of times a specified behavior occurs within a given time interval is counted.
- a. Continuous recording
 - b. Interval recording
 - c. Time sampling recording
- b 32. The number of times a specified behavior occurs is counted within a series of time intervals.
- a. Continuous recording
 - b. Interval recording
 - c. Time sampling recording
- d 33. Consequences have which of the following effects on behavior?
- a. Increase behavior
 - b. Decrease behavior
 - c. Maintain behavior
 - d. All of the above
 - e. None of the above
 - f. a and b only
- e 34. Which of the following is an example of a tangible reinforcer?
- a. Smile
 - b. Praise
 - c. Sign of approval
 - d. Pat on the back
 - e. Token
- a 35. This type of reinforcer tends to increase or maintain behavior and, if meaningful to the resident, increases the chances of it occurring again.
- a. Positive reinforcement
 - b. Negative reinforcement
 - c. Extinction
 - d. Punishment

- c 36. This involves the removal of a reinforcer that increases or sustains behavior resulting in a decrease or elimination of the behavior.
- a. Positive reinforcement
 - b. Negative reinforcement
 - c. Extinction
 - d. Punishment
- b 37. This involves the removal of an unpleasant stimulus and results in an increase of the target behavior.
- a. Positive reinforcement
 - b. Negative reinforcement
 - c. Extinction
 - d. Punishment
- d 38. This is the addition of an unpleasant stimulus or the removal of a pleasant one in an effort to decrease behavior.
- a. Positive reinforcement
 - b. Negative reinforcement
 - c. Extinction
 - d. Punishment
- a 39. This component of the ABC analysis of behavior describes the setting in which the behavior occurred. It provides information necessary for understanding the behavior. It answers the question of when and where.
- a. Antecedent
 - b. Behavior
 - c. Consequence
- c 40. This component of the ABC analysis of behavior describes the action that followed the behavior. It provides necessary information for understanding the behavior.
- a. Antecedent
 - b. Behavior
 - c. Consequence
- c 41. All of the following items are factors affecting language except
- a. Physical factors
 - b. Geographic factors
 - c. Mental factors
 - d. Language experiences with adults
- e 42. The basic parts of language
- a. Form or structure
 - b. Use
 - c. Content
 - d. None of the above
 - e. All of the above

- c 43. Which of the following statements does not pertain to the principles of language development?
- a. Language development occurs in stages
 - b. Language is acquired
 - c. Early language development is generally faster among boys
 - d. Most children have an inborn or natural ability to process any language
- d 44. This learning disability is characterized by an inability to translate visually perceived symbols into words. This type of learning disability is:
- a. Writing
 - b. Spoken language
 - c. Spelling
 - d. Reading
- b 45. This learning disability is characterized by lisping, stuttering, and/or aphasia. This type of learning disability is:
- a. Writing
 - b. Spoken language
 - c. Spelling
 - d. Reading
- d 46. Which of the following is not characteristic of someone who is depressed?
- a. Anxiety
 - b. Guilt
 - c. Powerlessness
 - d. Confidence
- c 47. Which of the following is a behavioral characteristic of a person who is elated?
- a. Sits quietly for long periods of time
 - b. Completes own care without difficulty
 - c. Is easily distracted and stimulated
 - d. Gets along well with others
- d 48. The task during this stage is to acquire a sense of self-acceptance.
- a. Identity vs role confusion
 - b. Intimacy vs isolation
 - c. Generativity vs stagnation
 - d. Ego integrity vs despair

NOTES TO THE INSTRUCTOR

The lessons the questions are geared for are listed as follows. This information may be helpful when individualizing instruction based on the needs of the learner.

True/False

Question

Corresponding Lesson

1-5	.....	Unit I	L.P. 2
6	.....	Unit II	L.P. 1
7-9	.....	Unit II	L.P. 3
10-12	.....	Unit II	L.P. 6
13-15	.....	Unit III	L.P. 1
16, 17	.....	Unit III	L.P. 4
18-23	.....	Unit III	L.P. 11
24, 25	.....	Unit III	L.P. 23
26-30	.....	Unit III	L.P. 24
31, 32	.....	Unit III	L.P. 27
33-37	.....	Unit IV	L.P. 1
38-41	.....	Unit IV	L.P. 2
42-44	.....	Unit IV	L.P. 4
45-46	.....	Unit IV	L.P. 5
47-55	.....	Unit V	L.P. 1
56, 57	.....	Unit V	L.P. 2
58, 60	.....	Unit V	L.P. 3
61-63	.....	Unit V	L.P. 4
64-67	.....	Unit V	L.P. 5
68-71	.....	Unit V	L.P. 7
72, 73	.....	Unit V	L.P. 8
74, 76	.....	Unit V	L.P. 9
77-80	.....	Unit V	L.P. 10
81-87	.....	Unit VI	L.P. 3
88-91	.....	Unit VI	L.P. 4
92-100	.....	Unit VI	L.P. 6

Matching

I.	1-7	.....	Unit VI	L.P. 6
II.	1-4	.....	Unit VI	L.P. 5
III.	1-6	.....	Unit V	L.P. 1
IV.	1-7	.....	Unit III	L.P. 3
V.	1-6	.....	Unit I	L.P. 2
VI.	1-8	.....	Unit I	L.P. 4
VII.	1-10	.....	Unit II	L.P. 6

Multiple Choice

1-4	.....	Unit I	L.P. 4
5	.....	Unit IV	L.P. 3
6	.....	Unit IV	L.P. 4
7	.....	Unit V	L.P. 6
8	.....	Unit V	L.P. 3

Pre-post Key (Cont.)

9	.....	Unit V	L.P. 2
10-12	.....	Unit V	L.P. 1
13, 14	.....	Unit V	L.P. 8
15-19	.....	Unit IV	L.P. 5
20-24	.....	Unit VI	L.P. 2
25-32	.....	Unit VI	L.P. 4
33-38	.....	Unit VI	L.P. 5
39, 40		Unit VI	L.P. 1
41-43		Unit IV	L.P. 4
44, 45		Unit V	L.P. 5
46, 47		Unit V	L.P. 8
48		Unit IV	L.P. 3

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EVALUATION OF BASIC PARAPROFESSIONAL COURSE
(To be completed by student)

1. Do you feel that the content of material presented ___ Yes ___ No
to you in lecture was adequate? If not, how might
this be changed?
2. Was there a portion of class you feel was not long ___ Yes ___ No
enough? Comments:
3. Was there enough time allotted for discussion? ___ Yes ___ No
Comments:
4. Did you feel that the time spent in clinical ___ Yes ___ No
practice related to your classroom instructor?
Comments:
5. Did you feel there was an adequate amount of time ___ Yes ___ No
spent in clinical?
Comments:
6. Return demonstrations in class prepared me for my ___ Yes ___ No
clinical rotation. If no, explain...
7. Were the audio-visual aides used beneficial? ___ Yes ___ No
example: films, handouts, flip charts, etc.
Comments:
8. Were the exams easy to read and understand? ___ Yes ___ No
Comments:

9. Was there any part of the 3 week class you felt was unnecessary? Comments: ☐ Yes ☐ No
10. What information do you feel was most beneficial to you in performing your job at this facility? Comments:
11. What changes would you suggest for future classes? Comments:

EVALUATION OF INSTRUCTOR (S)

Directions: Check appropriate response.

	YES	NO
1. Promoted teacher/student discussion.	_____	_____
2. Found ways to help students answer their own questions.	_____	_____
3. Encouraged students to express themselves freely and openly.	_____	_____
4. Seemed enthusiastic about the subject matter.	_____	_____
5. Spoke with expressiveness and variety in tone of voice.	_____	_____
6. Demonstrated the importance and significance of the subject matter.	_____	_____
7. Made presentations which were dry and dull.	_____	_____
8. Made it clear how each topic fit into the course.	_____	_____
9. Utilized constructive criticism to help students	_____	_____
10. Encouraged student comments even when they turned out to be incorrect or irrelevant.	_____	_____
11. Summarized material in a manner which aided retention.	_____	_____
12. Explained course material clearly and explanations were to the point.	_____	_____
13. Related course material to real life situations.	_____	_____
14. Introduced stimulating ideas about the subject.	_____	_____
15. Stimulated students to intellectual effort.	_____	_____

Comments:

Competency Profile for Developmental Trainee

Directions: This profile provides a permanent record for student, instructor, and/or facility representative. Compile your evaluation of the student (trainee) by transferring the appropriate "yes/no" ratings and test scores from the various lessons to this sheet.

YES	NO	Identifying the Roles and Responsibilities of a Developmental Trainee.
☐	☐	1. Recalls the process for becoming a Developmental Trainee.
☐	☐	2. Recalls the ethical and legal responsibilities of a Developmental Trainee.
☐	☐	3. Recalls the role of the Developmental Trainee in the admission of resident.
☐	☐	4. Recalls the IHP process and the role of the Developmental Trainee as a member of the interdisciplinary team.

YES	NO	Communicating
☐	☐	1. Recalls communication techniques.
☐	☐	2. Demonstrates appropriate communication with:
☐	☐	a. Residents
☐	☐	b. Coworkers
☐	☐	c. Public
☐	☐	3. Demonstrates appropriate telephone etiquette.
☐	☐	4. Traces the chain of command.
☐	☐	5. Recognizes key concepts about family dynamics.
☐	☐	6. Recognizes key concepts about resident relationships.

YES	NO	Providing Health Care:
☐	☐	1. Recalls key concepts about maintaining a safe environment.
☐	☐	2. Washes hands.
☐	☐	3. Maintains a safe environment.
☐	☐	4. Identifies key concepts about body systems.
☐	☐	5. Identifies key concepts about exercise needs.
☐	☐	6. Gives range of motion exercises.
☐	☐	7. Ambulates the resident.
☐	☐	8. Positions the resident.
☐	☐	9. Assists the resident to wheelchair-traychair-commode and back to bed.
☐	☐	10. Recalls key concepts about observing, reporting and recording.
☐	☐	11. Observes, reports, and records accurately.
☐	☐	12. Recalls key concepts about personal care.
☐	☐	13. Gives/assists with tub/shower bath.
☐	☐	14. Gives a bed bath.
☐	☐	15. Makes an unoccupied bed.
☐	☐	16. Makes an occupied bed.
☐	☐	17. Gives a back rub.
☐	☐	18. Gives/assists with perineal care.
☐	☐	19. Gives/assists with shaving.
☐	☐	20. Combs/brushes hair.
☐	☐	21. Gives fingernail, toenail, footcare.
☐	☐	22. Dresses/undresses the resident.
☐	☐	23. Recalls key concepts about nutrition.
☐	☐	24. Recalls key concepts about serving, feeding, and monitoring the resident during meals.
☐	☐	25. Feeds the resident.
☐	☐	26. Recalls key concepts about observing, measuring, and recording intake and output.
☐	☐	27. Recalls key concepts about elimination.
☐	☐	28. Gives and removes a bedpan/urinal.
☐	☐	29. Applies and attends briefs.
☐	☐	30. Recalls key concepts about vital signs.
☐	☐	31. Measures T.P.R.
☐	☐	32. Measures B.P.
☐	☐	33. Recalls key concepts about preparing resident for physical exams and laboratory tests.
☐	☐	34. Recalls first aid measures.

YES	NO	Identifying Key Concepts Related to Human Growth and Development
☐	☐	1. Recognizes key concepts about physical and sensorimotor development.
☐	☐	2. Recognizes key concepts about intellectual development.
☐	☐	3. Recognizes key concepts about social and emotional development.
☐	☐	4. Recognizes key concepts about language development.
☐	☐	5. Recognizes key concepts about sexual development.

YES	NO	Identifying Key Concepts Related to Developmental Disabilities
☐	☐	1. Recognizes key concepts about developmental disabilities.
☐	☐	2. Recognizes key concepts about mental retardation.
☐	☐	3. Recognizes key concepts about cerebral palsy.
☐	☐	4. Recognizes key concepts about autism.
☐	☐	5. Recognizes key concepts about specific learning disabilities.
☐	☐	6. Recognizes key concepts about neurological impairment.
☐	☐	7. Recognizes key concepts about seizure disorders/epilepsy.
☐	☐	8. Recognizes key concepts about MR/DD residents with psychiatric disorders.
☐	☐	9. Recognizes key concepts about communication disorders.

YES	NO	Implementing the Habilitation Process
☐	☐	1. Recalls key concepts about behavior.
☐	☐	2. Recalls key concepts about managing behavior.
☐	☐	3. Implements behavioral objectives.
☐	☐	4. Implements a task analysis.
☐	☐	5. Collects data.
☐	☐	6. Implements reinforcement techniques appropriately.
☐	☐	7. Recalls key concepts about techniques for changing behavior.

YES	NO	Additional Competencies
☐	☐	1. _____
☐	☐	2. _____
☐	☐	3. _____
☐	☐	4. _____
☐	☐	5. _____
☐	☐	6. _____
☐	☐	7. _____
☐	☐	8. _____

COMMENTS

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[illegible]

- a. Completes work on time.
- b. Arrives at work on time.
- c. Returns from "breaks" on time.
- d. Reports to supervisor when there is a need to leave the work area.
- e. Reports to facility using designated procedure when unable to come to work.

- a. Completes jobs assigned.
- b. Completes necessary reports and/or records.
- c. Interprets and follows written and/or verbal directions.
- d. Requests assistance when needed.
- e. Reports pertinent information to appropriate personnel.

- Grooms self appropriately and wears appropriate clothing.
- Maintains neatness in the work environment.

Organizes work based on the Individualized Habilitation Plan.

- a. Organizes work in a sequential manner.
- b. Prioritizes work assignments.
- c. Refers to IHP's for guidance in assisting residents.

Evaluator's Signature: _____ **Date:** _____

Comments: _____